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ABSTRACT

The last in a series of five regional information-gathering hearings, this hearing report presents testimony from concerned citizens and private and public social organizations in California, New Mexico, and Arizona. Information and statistics are given on the following social problems: (1) child sexual abuse and child pornography; (2) infant mortality, immunization, sight and hearing screening, and medical care; (3) working and student parents and the need for child care; (4) education and medical care for the disabled, including those with rare disorders; (5) family violence; (6) alcohol abuse; (7) foster care and adoption; juvenile delinquency and status offenses; (9) treatment for the mentally ill, especially juveniles; (10) the adverse effects of teenage sexual activity, including venereal disease and pregnancy; (11) homelessness; (12) unemployment; and (13) the problems of Hispanics, Blacks, Indochinese immigrants, and American Indians. Suggestions to improve social services include better interagency cooperation and restoration of funding for effective programs. Prepared statements include information on family programs sponsored by the Marine Corps and studies on Hispanic women's access to prenatal care. (CB)

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CHILDREN, YOUTH, AND FAMILIES IN THE SOUTHWEST

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HEARING

BEFORE THE

SELECT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

HEARING HELD IN SANTA ANA, CALIF.,
DECEMBER 7, 1983

Printed for the use of the
Select Committee on Children, Youth, and Families

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CHILDREN, YOUTH, AND FAMILIES IN THE SOUTHWEST

WEDNESDAY, DECEMBER 7, 1983

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON CHILDREN,
YOUTH, AND FAMILIES,
Santa Ana, Calif.

The select committee met, pursuant to call, at 9:40 a.m., at 22 Civic Center Plaza, Santa Ana, Calif., Hon. George Miller (chairman of the committee) presiding.

Members present: Representatives Miller, Patterson, Weiss, Boxer, Sikorski, Marriott, Fish, Coats, and Wolf.

Staff present: Ann Rosewater, deputy staff director; Judy Weiss, research assistant; and Donald Kline, senior professional staff.

Chairman MILLER. The Select Committee on Children, Youth, and Families will come to order.

The select committee is currently engaged in holding a series of regional hearings around the country. We are putting together a data base on the status of children, youth, and families for the use of other committees and Members of the U.S. Congress.

This is our final regional hearing for this year. We have been to New York City, Minneapolis, Miami, and Salt Lake City before today.

It has been the purpose of these hearings to try to get an overall view of the status of the American family and children and to listen to individuals who work in the field providing services or showing concern. It is important for Members of Congress to go beyond national statistics and visit various regions of the country, which differ greatly in their makeup, and listen to individuals who have spent most of their lives working with children and families and who can share their views and concerns for the family with us.

We have had very good attendance at these hearings. Members serve on this committee in addition to their other assignments in Congress, and most of them came on the committee because of their deep interest.

We have members who sit on various other committees, like the Ways and Means Committee, the Agriculture Committee, the Education and Labor Committee, the Commerce Committee, the Banking Committee, and others. Hopefully they will take the body of knowledge we have developed this first year and bring it back to the other committees so that in their deliberations they might better differentiate between helpful Federal policies and not so helpful policies.

OPENING STATEMENT OF HON. GEORGE MILLER, REPRESENATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA AND CHAIRMAN, SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES

[The prepared statement follows:]

The Select Committee on Children Youth, and Families is extremely pleased to hold its fifth regional hearing in Santa Ana, California.

The committee has made field hearings a priority because we know it is essential to go beyound Washington to portray more fully families' day-to-day struggles and successes. This hearing marks the continuation of the committee's efforts to assess the condition of American children and their families. We have come to Santa Ana to learn more about families in the Southwest. National data are important to aid our understanding of changes affecting our communities, but they often hide unique local or regional conditions. We are here to uncover those differences—as well as the many similarities we already know exist. Witnesses today will testify about many concerns which continue themes articulated yesterday at our regional hearing in Salt Lake City, and in our previous hearings.

We will learn that:

An all volunteer emergency assistance agency in Orange County responds to the crisis needs of 160 families every day, a six-fold increase in the last year and a half.

It is estimated there are 4,000 homeless people every night in Orange County.

Roughly 40,500 reports of child abuse are anticipated in L.A. County this year; one county in Arizona reports a 500 percent increase in reports of child sexual abuse in the past year.

There is a serious gap between the rapidly increasing need for affordable child care and what is currently available in Orange County alone. There are four families waiting for every one available subsidized child care slot.

Serious family stress has been placed on the roughly 70,000 Indochinese who have settled in Orange County; these stresses include the collapse of the extended family system, starvation and homelessness, and spousal abuse.

Throughout California citizens have joined together to monitor placement of children in the foster child care and welfare system.

Volunteers, private agencies and corporations are coordinating efforts and cooperating with public agencies to improve services for families and children.

Throughout the day we will hear directly from youth and parents who have faced and surmounted difficult odds:

A youth who overcame alcoholism and now administers a successful county-run treatment program for Spanish speaking alcoholics.

A young man who grew up working in fields and is now dedicating his life to bettering the opportunities for migrant families and their children.

A parent of a severely disabled youngster who with her family, shouldered enormous financial and emotional hardships to enable her son to get appropriate medical treatment.

We admire the courage and dedication of our witnesses today, as well as those who work daily with children and their families. On this anniversary of Pearl Harbor, we are particularly hopeful that the efforts of the committee will generate greater investment in our children's future.

Chairman MILLER. We are delighted to be in Santa Ana today, and we appreciate the hospitality that our colleague and your Member of Congress, Jerry Patterson, has shown us. He has been very active on this committee, and it was at his request that we came to Orange County for the regional hearing covering this part of the country.

At this point, I would like to recognize Congressman Patterson.

Mr. PATTERSON. Thank you, George.

I am very pleased that Chairman Miller and so many of my colleagues on the Select Committee on Children, Youth, and Families are present today, to participate in this southwestern regional hearing of the committee. Members, witnesses and invited guests, welcome to Santa Ana, Calif.

For those of you who may not be familiar with our committee, allow me to provide a brief background.

In 1982, the U.S. House of Representatives adopted a resolution written by Chairman Miller. That legislation established a Select Committee on Children, Youth, and Families. The committee is charged with the major task of assessing the current status of the American family, as well as determining public policy and private initiatives that would protect the health and well-being of children and parents, now and in the future.

Since January 1983, the select committee has embarked on an intensive series of hearings which have unveiled problems and proposed solutions for the difficulties children and parents are experiencing in America today.

Already, we have uncovered four distinct underlying themes:

Crisis begets crisis. When small problems are not addressed in their early stages, they usually grow and they become worse. More importantly, when a small investment is made at the initial stage, both the long-term financial and physical toll can be minimized.

"An ounce of prevention is worth a pound of cure." Detection, treatment and prevention programs have a measurable positive impact for families facing stressful situations. When a family is in crisis, it must not be deserted.

In many parts of our Nation, the community and social services network is stretched beyond the breaking point. Responsible agencies cannot meet the full range of the demands being placed on them. Funding cutbacks at every level of government come at a time when recession has already claimed countless victims. Our Nation's tattered and torn "social safety net" is in dire need of repair.

Members of Congress—and particularly those of us serving on this committee—have a tremendous responsibility. We must find new methods and additional resources to help families cope in today's world. This can only be accomplished if we recognize and respond to the needs of our children. Everyone talks about children as our "most precious resource." But, it is meaningless rhetoric, unless we can establish a solid framework of public policy—one which will protect our youth and guide them, when there is no other system of support.

Today's hearing brings together clergy and laity, student and educator, police officer and gang leader, refugee and immigrant, volunteer and elected official. Each shares the concern about children growing up alone in our society.

Inadequate and costly child care is a problem which pervades Orange County, where 48 percent of our children live in single-parent households. The newly elected chair of the Orange County Human Relations Committee, Jean Forbath, will tell us about an Orange County stripped of its "image of affluence." She reports about the "new poor" struggling in a world of financial despair, who come to her all-volunteer organization to seek emergency assistance. In October of this year, with nowhere else to turn, over 18,000 people came to her organization for emergency relief.

Orange County is unique in many respects. It is a county which has experienced dramatic growth in a short period of time, and its communities exhibit extraordinary cultural, ethnic, and socioeco-

nomic distinctions. Orange County has known many acute situations and has adjusted well.

Yet, like many other areas of the country, it is having trouble meeting the demands of a rapidly changing economy and sudden population shifts. It, too, has a growing number of "newly poor", especially women who are being forced out of the middle class and onto the welfare rolls. They and their children may mark the beginning of a new class of impoverished Americans.

Today's testimony will focus to a large extent on these and related developments. This committee will listen, learn, question and act. The needs of our families and their children cannot be postponed, except at an enormous and unacceptable cost to society.

Thank you, Mr. Chairman.

Chairman MILLER. Thank you, Mr. Patterson.

One of the reasons for the success of the committee so far has been the incredible cooperation and support that we have received from the minority members of this committee, Dan Marriott from Utah is the ranking minority member of the House select committee.

We were in Utah yesterday, listening to the concerns of citizens in the intermountain region, from Wyoming, Montana, Utah, Nevada, and elsewhere.

Dan?

Mr. MARRIOTT. Thank you, Mr. Chairman.

On behalf of the minority, I am delighted with my colleagues to be here and take part in this hearing today. I have just looked over the panels and it looks like it is going to be a very interesting day, so I won't make a long speech.

I would just like to say that I have been very impressed with the work of your Congressman, Jerry Patterson, who has been an effective member of this committee and I personally enjoy very much working with him.

The purpose of our committee from our perspective is to develop an accurate data base this year, not to write legislation or find new ways to spend money, but to gather information, so we thoroughly understand the problems of youth, families, and children.

I am personally convinced that the families of America weren't all doing what they ought to be doing. If parents were parenting properly, we would have very few problems in this country.

We just got back from visiting the Youth Guidance Center. Three-quarters of those kids come from broken homes. All of them that we talked to, Barbara Boxer and I, said that their problems began when the families broke apart.

I think it is important that we have in America a committee that is dedicated to building and strengthening the American family. So I hope that we can begin here to not simply hack at the leaves, but to get to the root causes of our problems, and determine what they are, and how we, working together, might solve them.

I am delighted to be here, and I look forward to a very good hearing.

Chairman MILLER. Congresswoman Boxer?

Mrs. BOXER. Thank you, Mr. Chairman, for the leadership you have brought our committee. I would like to say that I am very proud to be part of this new select committee, which is focusing on

certainly one of our country's most pressing needs, the needs of our families and our young people and, as Congressman Marriott stated, we just did spend some time with some youth.

We did hear about the broken families . We also heard about the peer pressure. The fact that in some of the school settings, they are not getting any individualized attention which they feel they need, so there are many problems which our children face today.

I would like to associate myself, because I want to get on with this hearing, with the remarks of my very fine colleague, Congressman Patterson, and thank him for the hard work he put into arranging these hearings.

He has shown tremendous dedication in this area. Mr. Chairman, I do look forward to this hearing. Thank you.

Chairman MILLER. Congressman Fish?

Mr. FISH. Thank you.

Chairman MILLER. Congressman Sikorski?

Mr. SIKORSKI. No comments.

Chairman MILLER. With that, we will begin the hearing. We will hear from the first panel, made up of Jose Torres, Detective William Dworin, and Celeste Kaplan. If they will come forward to the witness table.

Part of this panel was to be made up of Mr. T. Rogers and Mr. V. C. Guinses of the Sey Yes Organization, which is involved in resolving conficts among youth organizations and youth gangs in the Los Angeles area.

We were told late last night that apparently there have been a number of rather violent gang-related disturbances recently in Los Angeles, and both of these individuals are currently involved in trying to resolve them. The committee wishes to express its disappointment that they could not be with us this morning.

Detective Dworin, welcome to the committee; and Miss Kaplan, welcome to the committee. Your written statement or comments will be placed in the record in their entirety, and you may proceed in the manner which you feel the most comfortable.

The extent to which you can summarize will be appreciated, as it will allow more time for the members of the committee to respond to the concerns you have raised, and ask questions.

Thank you. Inspector Dworin?

STATEMENT OF WILLIAM H. DWORIN, SEXUALLY EXPLOITED CHILD UNIT, LOS ANGELES POLICE DEPARTMENT

Mr. DWORIN. Thank you, Mr. Chairman, ladies and gentlemen.

I am Detective William Dworin of the Los Angeles Police Department's Sexually Exploited Child Unit.

The sexual exploitation of children is manifested in three primary categories: One, the sexual molestation of children; two, child prostitution; and three, child pornography. All three categories are interests of the pedophile. Because of these individuals, these perversities exist.

The traditional picture of the child molester as a dirty old man huddled on a street corner with his trench coat and bag of candy has been effectively disspelled in recent years. It has been estimated that the total stranger is responsible for 13 to 17 percent of re-

ported child molestation, the remainder being committed by a family member, family friend, or a person entrusted with the child's care.

Studies have shown that many pedophiles were themselves sexually abused at an early age. The pedophiles will frequently seek out victims within the age range or particular stage of physical development at which they, themselves, were molested.

Pornographic materials depicting children involved in sexual activities is frequently utilized to stimulate children, to convince them the behavior is normal and to lower their inhibitions. The suspect tells them that sexual activity is normal and the photographs are used as supportive evidence.

Suspects may resort to furnishing children with alcohol, drugs or narcotics which dulls the senses and makes the children more susceptible to engaging in the type of activity.

During this time, the suspects continually provide encouragement to the victims by telling them that there is nothing wrong with it. Most of the child pornography in existence is the product of pedophiles. Although it has been estimated that child pornography is a multimillion-dollar to half-billion dollar yearly business, it is, in fact, a cottage industry wherein more child pornography is exchanged through a loose network of pedophiles than is sold commercially.

In many instances, the victims of these crimes are "willing participants." They are willing in the sense that they are induced to engage in this activity in a variety of ways rather than being seized off the street and forced to participate.

The victims are usually from unstable homes and are lacking a loving attentive home environment. They lack proper paternal supervision and some are runaways.

As such, they spend the majority of their time alone in public places. These children are seeking attention and affection which makes them extremely vulnerable to the wiles of pedophiles. Pedophiles are able to find these "willing victims" because they offer friendship, interest, and a concerned attitude that many parents are unable or unwilling to provide.

Some of the effects on the victims of these crimes may be recognizable immediately, however, they do not necessarily point to sexual exploitation. The causes are generally emotional and behavioral in nature, wherein the juvenile has difficulty in relating to family and friends.

The long-term effects of sexual exploitation could be even more serious. The victim may have extreme difficulty in relating normally to a sexual partner in later life and may develop abnormal sexual preferences.

As previously indicated, the victim may actually turn to molesting children. Some studies have indicated that in excess of 80 percent of admitted child molesters had themselves been victims of child molestation.

The primary consideration, when conducting this type of investigation or any investigation in which the child has been a victim of sexual or physical abuse, is the welfare and protection of the child.

State law mandates that when any child care custodian, medical practitioner, nonmedical practitioner, or an employee of a child

protective agency who has knowledge of or observes a child in the course of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report within 36 hours of receiving the information.

It has been our experience that not only must the child receive counseling, but the family of the child also should receive counseling. The child and the family must be made aware that the child is a victim and no blame should be placed on him or her. The child is a victim who has been taken in by the sophistication and skills of an experienced pedophile.

Thank you.

Chairman MILLER. Thank you very much.

[Prepared statement of William Dworin follows:]

PREPARED STATEMENT OF WILLIAM DWORIN, SEXUALLY EXPLOITED CHILD UNIT, LOS ANGELES POLICE DEPARTMENT

The sexual exploitation of children is manifested in three primary categories: (1) the sexual molestation of children, (2) child prostitution and; (3) child pornography. All three categories are interests of the pedophile. Because of these individuals, these perversities exit.

The traditional picture of the child molester as a dirty old man huddled on a street corner with his trench coat and bag of candy has been effectively disspelled in recent years. It has been estimated that the total stranger is responsible for 13–17 percent of reported child molestation, the remainder being committed by a family member, family friend or a person entrusted with the child's care. Studies have shown that many pedophiles were themsevles sexually abused at an early age. The pedophiles will frequently seek out victims within the age range or particular stage of physical development at which they, themselves, were molested.

Pornographic material depicting children involved in sexual activities is frequently utilized to stimulate children, to convince them the behavior is normal and to lower their inhibitions. The suspect tells them that sexual activity is normal and the photographs are used as supportive evidence. Suspects may resort to furnishing children with alcohol, drugs or narcotics which duils the senses and makes the children more susceptible to engaging in the type of activity. During this time, the suspects continually provide encouragement to the victims by telling them that there is nothing wrong with it. Most of the child pronography in existance is the product of pedophiles. Although it has been estimated that child pornography is a multi-million dollar to half billion dollar yearly business, it is in fact a cottage industry wherein more child pornography is exchanged through a loose network of pedophiles than is sold commercially.

In many instance the victims of these crimes are "willing participants." They are willing in the sense that they are induced to engage in this activity in a variety of ways rather than being seized off the street and forced to participate. The victims are usually from unstable homes and are lacking a loving attentive home environment. They lack proper parental supervision and some are runaways. As such, they spend the majority of their time alone in public places. These children are seeking attention and affection which makes them extremely vulnerable to the wiles of pedophiles. Pedophiles are able to find these "willing victims" because they offer friendship, interest and a concerned attitude that many parents are unable or unwilling to provide.

Some of the effects on the victims of these crimes may be recognizable immediately, however, they do not necessarily point to sexual exploitation. The causes are generally emotional and behaviorial in nature wherein the juvenile has difficulty in relating to family and friends. The long term effects of sexual exploitation could be even more serious. The victim may have extreme difficulty in relating normally to a sexual partner in later life and may develop abnormal sexual preferences. As previously indicated the victim may actually turn to molesting children. Some studies have indicated that in excess of 80 percent of admitted child molesters had themselves been victims of child molestation.

The primary consideration, when conducting this type of investigation or any investigation in which the child has been a victim of sexual or physical abuse, is the welfare and protection of the child. State law mandates that when any child care custodian, medical practitioner, non-medical practitioner or an employee of a child protective agency who has knowledge of or observes a child in the course of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report within 36 hours of receiving the information.

It has been our experience that not only must the child receive counseling but the family of the child also should receive counseling. The child and the family must be made aware that the child is a victim and no blame should be placed on him or her. The child is a victim who has been taken in by the sophistication and skills of an experienced pedophile.

Chairman MILLER. Mrs. Kaplan.

STATEMENT OF CELESTE KAPLAN, VOLUNTEER, UNITED WAY OF LOS ANGELES

Ms. KAPLAN. Congressman Miller and members of the committee, my name is Celeste Kaplan and I am here as a volunteer representing the United Way of Los Angeles. I serve specifically on their Community Issues Committee.

I should tell you that prior to becoming a volunteer with the United Way until last January, I was the executive director of an agency serving children and families in Los Angeles, El Nido Services, and I spent my entire professional life working with children and families.

I am happy to be able to use it now in a volunteer capacity.

The United Way of Los Angeles certainly welcomes the creation of this committee and appreciates the work that all of you are doing on it to develop a picture of the needs of the children and families of the country. We very much welcome also this opportunity to present to you our concerns in three primary areas.

First, abuse and neglect of children; second, certain children that are falling through the cracks; and, third, key health issues affecting children. And since you have my complete testimony, I will try to follow your advice and summarize much more briefly.

Chairman MILLER. Thank you.

Ms. KAPLAN. I would ask you, however, first, to visualize with me who the children of Los Angeles are. There are over 2 million children in Los Angeles County, out of a population of 7.5 million.

Of these, 40 percent are Latino or, as the census calls them, Hispanic children. Thirty-eight percent are white non-Hispanic. Fifteen percent are black, and the remainder are Asian, Native American, and what is characterized as "others."

In other words, 60 percent of the children of our city come from minority groups, and in one way or another, experience the impact of that status which, of course, varies by the particular group.

In addition, the 1980 census figures indicate that at least 20 percent of the children live in poverty households as defined by the Government's financial line of poverty income and, of course, there are many more that are poor who are just above that line.

This, I think, is the framework in which one must address the problems that face the children of Los Angeles County.

First, with regard to child abuse and neglect, the core of the problem which we have had in recent years is most clearly evident in the contradiction between the rising number of reports of child abuse and the declining resources available.

Over the 5-year period from the 1978–79 fiscal year to the 1982–83 fiscal year, the number of abuse cases referred to Children's Protective Services rose 46 percent, from 26,000 to 38,000 and the investigations of child abuse and neglect cases by Children's Services Workers rose 62 percent. Simultaneously, the number of Children's Services Workers in the Department of Public Social Services declined 18 percent.

Over the same 5-year period, the number of abuse cases filed for action in juvenile court rose 35 percent and the number of children made dependent on the court rose 62 percent. During that time, only one additional judge was assigned to the court, and at the present time, each judge in the dependency court carries roughly 40 cases per day.

Under these circumstances in which the two front-line guardians of children who are abused and neglected face this very sharp dilemma the protective services function was seriously undermined.

The Department of Public Social Services, and specifically the Protective Children's Services, attempted to deal with this problem, in 1982, by establishing a new system of screening which they hoped would enable them to be sure of dealing with at least the most acute cases.

Previous to that time, every case of child abuse and neglect was investigated directly and personally and in the home by Children Services Workers. But in the revised system, all screening was done by telephone in central offices, with a priority listing of what seemed to be the most serious cases. The result was that only 50 percent of the cases were ever taken into the system during the period that that system has been used.

Furthermore, priority was given to certain categories in an effort to deal with the most serious ones. These included life-threatening situations, serious physical abuse, sexual abuse and children under 14.

The result was that there was virtually no service available for adolescents or for less serious child abuse, as well as nothing for neglect or for prevention. Incidentally, during this period, all voluntary placements of children, which means placements away from serious home situations before they lead to very serious abuse, were abandoned.

Under these circumstances, there were literally thousands of children and families that were not receiving help at an earlier stage, as had been possible previously.

This entire situation was not really addressed in the county until we began to have, unfortunately, numerous public reports of children's deaths. It is tragic that children's deaths were required before we began to get some action to change matters but that is the bitter fact.

Recently, a couple of very important steps were taken to begin to correct this situation. The County Board of Supervisors has restored some funding (roughly $5 million), in the current fiscal year for Children's Protective Services. A process of rehiring staff is now

underway, so that we will be able to see the staff of Protective Services workers restored to something closer to what it was before the system of screening-out was adopted. We expect person-to-person, in-home assessment to be resumed and that is currently occuring.

I should also mention that a State measure, AB 1733, which was enacted last year, enabled some funding to go to private, nonprofit agencies who are involved in programs that address either prevention or treatment of child abuse cases. Something over $2 million came to Los Angeles from that bill.

Consequently in both the private and the public sector, we are beginning to try to address, redo, and strengthen the system of protective services.

However, a great deal still remains to be done in this repect, because the problems facing child protective services are continuing to mount. I am certain there are going to be more reports of child abuse this year than last year, and the initial steps taken have not adequately dealt with the problem that we will have.

In this context, I want to say just a very few words to you, which I have elaborated in my written report, about the importance of the collaboration of the public and private sector and how we view it from the perspective of the Los Angeles United Way.

I know that this committee understands that the private sector cannot make up for the cuts that have been made in the public sector. I know you are all aware of that. There is no possibility of doing that.

However, we must maximize the resources in both sectors, and work jointly to get more funding. This approach requires a real change from the past.

In particular, it means that we have got to put aside matters of turf and competition for funding. In the private sector, we must give real support to the needs of the public sector, which means the protective services and the juvenile courts. These have the basic social and legal responsibilities for the safety of our children.

At the same time we must try to use private sector money in a way that provides for joint planning with the public sector. We have got to think of services for children as an entire system, not very well-organized at this point, not very well put together, but able to be strengthened only if we plan together in the public and private sector how children's needs are to be met. We must not fall into the kind of bitter competition that may be understandable from the standpoint of a given Government department or private agency, but is totally nonfunctional with regard to the needs of children. We are trying to take a very strong stand in this regard, so that both the public sector and the private sector can play an appropriate role.

Now, let me turn to the second grouping of children that I mentioned, the children that are falling through the cracks.

Here, I am going to deal primarily with those children who we call status-offenders. These are the children that are chronic truants, runaways, out of parental control, and are the children who, in many cases, are winding up on the streets.

Los Angeles is a mecca, unfortunately, for many such children, not only from within the county, but from other parts of the coun-

try as well. Undoubtedly the California members of this committee will recognize the reality of that problem.

We are caught in a very serious bind that has unfortunately resulted from some earlier reform legislation dealing with status-offenders. Let me explain. In California, children who are abused and neglected or otherwise in need of protection are considered dependent children, and enter what we call the 300 category of our welfare and institutions code. In Los Angeles, responsibility for them rests with the county department of public social services.

Delinquent youth—those who have actually broken the law—enter the 602 category of our welfare and institutions code. They are the responsibility of the probation department.

Status-offenders are what we call 601's, once they are adjudicated in juvenile court. The 601's in the past were provided with considerable services through the probation department, but that category was decriminalized about 10 years ago because it was recognized that their offenses would not be criminal offenses if they were adults. What happened unfortunately is that when we removed the criminalization aspect, we did not provide alternative services. The status offenders remained the responsibility of the probation department. But probation has, if anything, been cut more severely than the department of public social services, so that at present these young people are essentially without service from any public agency.

The probation department has something like 100 children adjudicated as status offenders out of some 9,000 that are on probation in the county. Yet the total number of runaways and chronic truants amounts to thousands in Los Angeles County.

There are a few services for these children in Los Angeles; a little bit from the probation department, a little from some private agencies that have attempted to close the gap, but in general, there are some thousands of young people that are literally falling through the crack. It is ironic that with our reform legislation we saved money, but we lost the children in the process.

It is equally ironic that at the very time when the Child Welfare Act of 1980 should have been put into effect and implemented, Los Angeles County was in the process of cutting back its protective services for children. Our deeds do not match our words.

Finally, I have been asked to summarize the picture of health problems of children in Los Angeles County.

General indices on child health in our county, in our State, and in our county indicate continued improvement—on an overall basis.

But when we look at specific populations and specific problems, that is not the case. Here we must be watchful.

For example, while infant mortality rates have declined in California and in Los Angeles, the infant mortality rates in Los Angeles County are still higher than in the State generally; in particular, they are two times as high for black babies as they are for the children of whites.

Moreover, in the light of these figures a very serious problem confronts the county because the Los Angeles Health Department for the first time in 40 years is no longer providing free prenatal care for babies and mothers.

It is now available only for those receiving mediCal and in very few cases medicare payments. Prenatal visits now cost $20 and upward on a sliding scale per visit; this is an enormously regressive step for which a severe price will be paid.

Similarly, well baby care in the county health clinics is also, generally speaking, no longer available on a free basis even to the poor, unless they can receive it under mediCal for which many families are ineligible. Funding for the kind of ongoing well baby care is virtually at an end. Again, a price will be paid—both in lives and ultimately in higher medical costs later.

Medical screening of school-age children under the child health and disability prevention screening program (which is the California equivalent of the national program), is continuing but we find that after the screening, virtually no children have ongoing health care.

Immunization of school-aged children is going well, but 38 percent of children 3 years of age and under in Los Angeles County have not been immunized for the key child diseases.

In addition, we have a striking increase in tuberculosis among children in Los Angeles and this, too, is in certain specific groups, primarily, the Asian and Hispanic populations. Hispanic children under 5 had a rate per 100,000 children of 14.6 in 1982, while among Asians, the corresponding rate was 93.69.

These, of course, are rates that come from children in large families that are often immigrant families. A great many of the Indochinese, despite the fact they were supposed to have had a full physical examination when they were admitted, did come in with active tuberculosis and this is reflected in the children.

In the case of Hispanic children, it is speculated that one of the major factors causing a higher rate than for black or non-Hispanic whites is that many parents who are undocumented are unwilling to bring their children for help because they must now fill out government forms which could lead to deportation. The fear of deportation becomes a major issue adversely affecting children's health.

Another negative development is the serious reduction in school-based health services, notably in school nurses and doctors. This contributes to further weakening the whole system of medical care that we have so painfully built up for children over many, many years.

Last, I will mention briefly the special needs of adolescent mothers and their children. Some 14 percent of all births in Los Angeles County in 1981 were to teenagers.

Of these, something over 10,000 were to Hispanic teenagers, 4,000 to black adolescents and 3,700 to non-Hispanic whites. This is a very substantial number of teenage parents. There is a need for a whole range of not only medical, but social services to insure that these babies and their mothers will be protected.

They are obviously at high risk, and a preventive program is extremely important. In addition, there is the need for programs to help these parents develop into mature, self-supporting adults that can parent their children.

We know how to do some of this, but not enough funding is available. Here too, we will pay heavily later on in damaged lives and in

actual costs to the community. Prevention saves both lives and money.

The need to bring these problems to the attention of the American public is very great. We therefore welcome the data base that you are assembling. We hope it will be used to arouse our people and our community to the importance of placing the highest possible priority on the needs of our children and families.

Thank you very much.

[Prepared statement of Celeste Kaplan follows:]

PREPARED STATEMENT OF CELESTE KAPLAN, ON BEHALF OF THE UNITED WAY OF LOS ANGELES

The United Way of Los Angeles welcomes the creation of this Congressional Committee and its current efforts to secure a nationwide picture of the unmet needs of children and their families. This is a matter of deep concern to the United Way as reflected in the fact that three quarters of all agencies we fund in Los Angeles County provide services for children (205 of 275 member agencies).

We appreciate this opportunity to present to you some of the most urgent problems affecting children in this country, as well as the status of local and state efforts to deal with them, including collaborative efforts by public and private nonprofit agencies.

Our presentation will cover three major problem areas: (1) child abuse and neglect; (2) children "falling through the cracks" in social services; (3) key health issues affecting children.

THE CHILDREN LIVING IN LOS ANGELES COUNTY

A brief description of the children living in Los Angeles County may be helpful as background. Seven and a half million people live in this county; over two million, or 27% are boys and girls under the age of 18. The largest single ethnic group is composed of Hispanic children, totalling almost 800,000 or 40% of all those under 18. Thirty-eight percent or nearly 780,000 are non-Hispanic White children; non-Hispanic Black children total 306,000 or 15%; the remaining 7% or 150,000 includes Asian, Native American and others, with Asian children the largest group.

The 1980 census shows that nearly 20%, or one out of every five of these children live in families with incomes below the poverty level. This represents a marked increase since 1970 when 14% of those below 18 years lived in such families. Moreover, poor children are especially concentrated in Black and Hispanic families because a disproportionately large number of these families have incomes falling below the poverty level. In 1980, 23% of all Black families and 20.5% of all Hispanic families were below this level, as were 12.8% of Asian families compared with 7.4% of White families. Female headed families also provide a disproportionately high percentage of poor families. Thirty-five percent of all female headed families live in poverty in comparison to only 10% of male headed households. Increased unemployment since 1980 impoverished even more families.

Thus, sixty percent of children in Los Angeles face the impact of minority group status and one fifth suffer the deprivation and stress connected with poverty. These basic social conditions play a major role in shaping many of the problems faced by children and their families, including the three we will now outline.

CHILD ABUSE AND NEGLECT

The most immediate problem facing Los Angeles County today with respect to child abuse arises from the sharp increase in child abuse reports and cases over the last five years and the simultaneous reduction in resources for protective services.

From fiscal year 1978–79 to fiscal year 1982–83, referrals to children's protective services rose 46%, from 26,000 to 38,000. Over the same period, investigations of child abuse and neglect by Children's Service Workers rose 62%. Simultaneously, the number of Children's Service Workers in the Department of Public Social Services declined 18% from 668 to 535, while first line supervisors were reduced 27%, from 96 to 70. Caseloads rose precipitously, as a smaller staff struggled with ever-increasing service needs.

Over the same five year period, the number of abuse cases filed for action in Juvenile Court rose 35% from 6,419 to 8,712 and the number of children made dependent on the Court rose 62% from 10,670 to 18,712. Simultaneously, judicial manpower in

the Dependency Court rose only 16%; by one additional judge (from 6.2 to 7.2). Currently, caseloads amount to roughly 40 cases per day for each judge.

Thus, the two frontline guardians of our children's lives and safety, the Children's Protective Services and the Dependency Court, were seriously hampered in their ability to perform their responsibilities at the very period when requests for protection were mounting. This of course reflected reduction in funding for Children's Services in either actual dollar amounts or in constant dollars (adjusted for inflation) at all levels—federal, state, and local.

Ironically, a contributing factor in this situation appears to be an unanticipated by-product of one provision in state legislation aimed at implementing the Child Welfare Act of 1983. Both the federal bill and the state measure, known as SB14, represent forward steps in mandating new services for abused and neglected children and their families, aimed at maintaining children in their own homes and/or returning them to their own homes if and when their safety and welfare can be assured. However, among the many provisions contained in SB14, is one which requires reviews at six month periods of all cases involving children placed out of their own homes, instead of the previous minimum requirements of annual reports. On the face of it, this would seem a reasonable provision. But it confronted Children's Service Workers and the Dependency Court with an intensified dilemma. Workers already struggling to carry greatly increased caseloads faced the added burden of double the number of reports to the Court. The Court, already handicapped by insufficient personnel, also had to double the number of its reviews. Thus both were further hampered.

Not much public attention was given to the erosion of protective services until dramatic reports of deatns due to child abuse appeared in the press and on television earlier this year. Child abuse deaths rose from 16 in 1978 to 35 in 1982, but public reaction has been largely aroused by individual cases—such as the one reported in the Los Angeles Times last Saturday.

Meanwhile, the social cost of reduced protective services was paid by the many other children and families who received inadequate help or no help at all—at a point when it could have headed off later, possibly life threatening circumstances.

For example, prior to 1982, all reported cases of child abuse and neglect were investigated in person through home visits by Children's Services Workers. In 1982, the Department of Public Social Services attempted to insure protective services for at least the most serious child abuse cases by establishing a new procedure. This involved centralized screening by the telephone; further direct action depended on how serious the case appeared to be. Priority was given basically to life threatening situations, severe physical abuse, sexual abuse, and children under 14. As a consequence, no service could be provided for most neglect or "minor" abuse cases, and little or no service was available for adolescents. At the same time, voluntary placement of children was ended. All this resulted in virtually no early intervention and literally no prevention by Children's Protective Services.

Had adequate funding accompanied passage of SB14 in California as well as the Federal Child Welfare Act, the foregoing tragic gaps in service would not have occurred, and the real intent of these measures could have been implemented.

Fortunately, in the 1983-84 County budget, additional funds have been allocated for Children's Services. The Department of Public Social Services is now able to rehire workers and will resume in-person handling of all abuse reports through home visits. While the rating scale employed to determine serious endangerment will still be used in evaluating case priority, workers will be able to base their decisions on direct personal contact and will have access to more information. Those cases not retained in Children's Protective Services will be referred in person to private non-profit agencies willing and able to involve and serve those families. At the same time, steps are underway to develop mandated in-home services involving participation by both public and private agencies in planning and service delivery.

Much remains to be done to strengthen protective services for children in Los Angeles County. One promising avenue is improved practical collaboration between public and voluntary non-profit agencies together with key community organizations.

PUBLIC/PRIVATE/COMMUNITY COLLABORATION

Before describing collaborative efforts in Los Angeles, I must emphasize the concept underlying our approach.

Increased fiscal constraints and financial stress faced by both public and private non-profit agencies has often resulted in sharp competition between them. Such competition also occurs between individual departments or agencies within each

sector. Protection of turf may be understandable from a narrow agency or department viewpoint, but it is counterproductive in terms of how best to provide services that will meet the needs of children and their families.

Collaborative efforts can be far more effective in both maximizing the use of limited resources and in joint advocacy for additional funding based on a very high priority for protection of the safety and wellbeing of our children. Moreover, voluntary non-profit agencies must recognize and support the primary, basic responsibility of public agencies for such protection. At the same time, public agencies need to make use of the resources offered by voluntary agencies, especially their ability to deliver services flexibly adapted to specific community needs. We find that such an approach is fundamental to developing successful collaboration based on some degree of mutual trust.

Varied levels and forms of collaboration have developed in Los Angeles, particularly in the field of Children's Services. In early 1982, the Public/Private Consortium was jointly initiated by the United Way and the Department of Public Social Services, as an avenue through which information on services to abused and neglected children could be shared. Gradually, the membership and the role of the consortium expanded. Now, it also includes representatives of the Association of Children's Institutions and Agencies (private, non-profit), the County Departments of Health, Mental Health, and Adoptions, the Dependency Court, the Conciliation Court, Regional Centers (private, non-profit), Infoline (a countywide information and referral system jointly funded by DPSS and the United Way), and ICAN (Interagency Council on Child Abuse and Neglect). The consortium is currently involved in the process of joint planning for the delivery of home-based services mandated by SB14, including the roles of both the public and private sectors. Certain of these services, especially teaching and demonstrating homemakers and 24 hour respite care are virtually non-existant or in very short supply in public and private voluntary agencies alike. We hope to make start up funds for such services available to appropriate voluntary agencies through the United Way, with ongoing service funded by contracts with the County.

On a local community level, earlier steps toward public/private collaboration have recently resulted in expanded services for prevention and treatment of child abuse and neglect. State funds were utilized by the County to fund a number of specific local service projects. Some 25 projects were funded in all, and each is adapted to the needs of a specific community. In South Central Los Angeles, for example, five community agencies working in coalition under the leadership of Charles Drew Post Graduate Medical School, now provide a range of home-based services to children and families in the heart of the Black Community.

In the multi-ethnic Lawndale School District, which includes seven elementary schools, a comprehensive program aimed at preventing sexual abuse, jointly run by the school district and a private, non-profit agency, is reaching faculty, parents, and students. Other special sexual abuse projects have also been developed. In this connection, it is reported that at least 6 percent of all referrals for protective services from April through September, 1983, were for sexual abuse—or 1,203 out of 19,920.

One other example of collaboration, of a different character, is worth citing.

Early this year, the Los Angeles Roundtable for Children was launched by a group of administrators from children's services agencies (public and voluntary) together with leaders of major civic organizations with traditional concern for children. The initiative for this step was taken by the School of Social Work at the University of Southern California, which provides space and support services. The Roundtable's objectives are: development of a broader constituency for children and families in Los Angeles County that can overcome the present fragmentation in this field; identification of key overarching issues affecting children; and development of a broad public awareness about children's needs. Participants currently include, in addition to agency executives, representatives of the Junior League of Los Angeles, the State PTA, the Los Angeles League of Women Voters, the American Association of University Women, the California Federation of Women's Clubs, Church Women United, and the United Way, as well as both the UCLA and USC Schools of Social Work. The Roundtable's first project will be publication of a profile of the Children of Los Angeles and their Problems, which will, of course, be transmitted to your Committee.

STATUS OFFENDERS: CHILDREN "FALLING THROUGH THE CRACKS"

In the course of our involvement with joint planning projects which focus on the needs of children, the United Way has also become keenly aware of a most significant gap in the current service delivery system, and the very limited resources

available for status offenders. Status offenders are children (usually adolescents) who run away from home, who violate curfews, who present severe problems at school, or who are out of parental control. They have not committed acts that would be classified as criminal if they were adults; however, they very often do need professional services in order to resolve their problems and to lead productive adult lives.

Professionals who have worked with runaways or other status offenders tell us that many of these boys and girls have run away from very troubled homes, sometimes from parents or guardians who are abusive, from sexual assault or incest. Although initially running away may be a cry for help, it can end as a way of life. All too often runaways wind up on the streets, without resources, in the company of other aimless troubled children. And frankly, Los Angeles is a mecca for many such boys and girls. We have all heard enough tragic stories of children who have suffered from the street life to be aware of the need for more productive alternatives for these young people.

While no one would advocate that children who have not committed crimes should be treated as if they have, we do believe that it is time to reexamine our system of providing care for these children who "fall between the cracks." The largest "crack" results from the current design of our social service delivery system, with one department having responsibility for abused and neglected children (in California, the Welfare and Institutions Code refers to these under section 300) and another for delinquents (referred to under section 602). The group which is in between, often older than the 300s (or perhaps former 300s) are the status offenders identified as 601s. All too often these are young people who are headed towards or haven't yet been caught in a delinquent act.

The 1977 Dixon Bill (AB3121) initiated a significant change in service delivery for the 601s. This bill essentially decriminalized the status offenders and made it unlawful to detain a 601 in a secure placement. The code also provided that the counties *could* make short-term community based treatment services available, although the provision of such services was not mandated. These services have not been provided in most counties due to fiscal cutbacks following Proposition 13. Thus the main outcome of this reform has been to save money—rather than children. No one knows exactly how many boys and girls are falling through this particular "crack", but all estimates run into thousands during any one year.

In Los Angeles County, the Probation Department does have a Status Offenders Detention Alternatives (SODA) project in which a 601 child can receive care while awaiting court adjudication and investigation. There are currently 31 beds, of which 6 are in a group home and 25 in foster homes. Of the 9,430 children now under the supervision of the Probation Department, only 262 are 601s; 39 of these have been placed in treatment facilities and the others are living at home under the supervision of the Department.

In addition, a few not-for-profit voluntary social service agencies provide a range of services for these children. A very few are licensed to provide overnight care (such as Options House, Stepping Stone, and 1736), some provide only short-term day treatment or counseling (such as Angel's Flight and Teen Canteen) and others offer on-going counseling for 601s or 601-type children (such as parent-child guidance or family service agencies). There are also a few school based service projects aimed at reaching chronic truants, as well as reducing school truancy in general. Although there is no reliable estimate of how many children might fit the 601 criteria, professionals do agree that existing services can not begin to help all of the children in need.

We believe that the best we can do for the thousands of children who are either on the run, in trouble, or at risk right now in L.A. County is for all of those concerned with the plight of these children—including the public agencies such as DPSS and Probation, the schools, private child-serving agencies, and community leaders—to develop collaborative planning and service delivery mechanisms. This is not to deny or underestimate the impact of limited resources; however, to be used to best advantage, available resources must be coordinated or pooled while efforts are made simultaneously to secure adequate funding.

CHILDREN'S HEALTH NEEDS AND SERVICE GAPS

Considerable attention has been given to positive developments in child health, such as increased immunization, health screening prior to initial admittance into school, and the virtual elimination of polio. Unfortuantely, such general trends do not reveal certain specific serious, unresolved, or newly emerging health problems of our children.

The following major concerns have been identified by United Way's representative to the Community Task Force that participated in drawing up the County's 1983 Child and Adolescent Health Plan (Vivian Weinstein, Associate Professor, Charles Drew Post Graduate Medical School).

INFANT MORTALITY AND GAPS IN PRENATAL CARE

While infant mortality rates have declined in California and Los Angeles (1960–70–80 trends), Los Angeles continued to have a higher infant mortality rate in virtually all ethnic groups than elsewhere in the State. Moreover, the rate for Black infants is twice that for White and Hispanic infants. In 1982, the infant death rate was 10.87 per 1,000 for all babies in California and 12.14 in Los Angeles. For Black babies, it was 19.66 in the state and 21.49 for Los Angeles. The rate for infants with Spanish surnames was 10.23 in the State; 10.32 in Los Angeles (Health Data Summaries, 1982 report, State of California).

Ironically, in the light of these figures, for the first time in 40 years, the Los Angeles Health Department is providing no free pre-natal care to those needing it. Pregnant women not covered by MediCal or Medicare will have to pay $20 or upwards for each pre-natal care visit. This will impact most sharply on poor working people in all ethnic groups, and may well lead to a rise in infant mortality across the board. It can also result in other serious problems such as low birthweight and various types of handicap—all carrying greater costs at a later date.

GAPS IN ONGOING MEDICAL CARE FOR CHILDREN

(1) Well Baby Care at County Health Clinics has also been virtually eliminated and a policy similar to that for pre-natal visits adopted. This means that much preventive or early medical intervention will no longer be available for many families.

(2) Provisions to insure medical screening of all children prior to initial school entrance are still in place under CHPD (Child Health and Disability Prevention Screening Program). This is the California equivalent of EPSDT (Early Periodic Screening, Diagnosis, and Treatment).

However, most children do not have subsequent ongoing health care and are seen only when sick. Again, the working poor are in the worst position, being ineligible for MediCal or Medicare.

(3) Immunization of school age children is still relatively adequate but 38% of children 3 years old and under are not immunized. This points to the importance of promoting immunization in Head Start and other preschool child care programs.

(4) Increase in Tuberculosis Among Children.—A marked increase in the incidence of tuberculosis among children (and adults) has occurred in recent years; in Los Angeles the most pronounced being in the Asian and Hispanic populations.

Among Whites, the 1982 rates for children were very low, 0.5 per 100,000 for children under 5. For Black children under 5, the rate was 7.6, Hispanic children under 5 had a rate of 14.6, while among Asians the corresponding rate was 95.69.

In 1982, the overall rate for Asians had actually declined somewhat; this is ascribed by Department of Health Services primarily to a reduction in Indo-Chinese immigration. A sharper decline was registered in the rate for Hispanics, which it is thought, may be caused in part by a reluctance to seek care due to a fear of deportion by undocumented workers (Source: Tuberculosis Control Section, Department of Health Services).

(5) Reductions in school based health services, notably reductions in school nurses and doctors, contribute to weakening further the whole system of health care for children, especially those whose families have no medical coverage.

SPECIAL NEEDS OF ADOLESCENT MOTHERS AND THEIR CHILDREN

The special needs of teenage mothers and their children embrace both health services and a whole range of Social Services. In Los Angeles County, in 1981, nearly 14% of all births were to teenagers. Of these births, 10,150 were to Hispanic teenagers, 4,600 were to Black adolescents, and 3,760 to Whites. The remainder were Asian, other non-White or unknown. The health, educational, social and economic problems facing this population are formidable and require a comprehensive program to protect these babies as well as to help teenage mothers and fathers to become responsible parents.

It is not possible here to outline the varied efforts being made in Los Angeles to provide services to this population, including the schools, health department, and many voluntary agencies. A number of local coalitions and service networks have been developed, but there is as yet no overall countywide planning or coordinating

center for these programs. Some excellent individual local projects can be reported to you in writing, if your Committee would like to receive this material.

In closing, may I emphasize my conviction that your Committee can play a most important role in focusing public attention, and the attention of Congress, on the unmet needs of our children. Surely the people of our country, once they understand the need, will insist that the protection of our children, of their safety and their lives, deserves the highest priority. Please keep us informed of your efforts, and call upon the United Way of Los Angeles for any additional assistance we can provide.

Chairman MILLER. Thank you very much, Ms. Kaplan.

Congressman Patterson.

Mr. PATTERSON. Thank you, Mr. Chairman.

Let me address a question to both witnesses. In our tour of the Youth Guidance Center this morning that handles 13- to 18-year-old boys, we had a chance to chat with juvenile delinquents one on one, and within small groups. Over and over again, at least what I heard from this group of mostly young boys, as to what their problem was or why they are there—I didn't really ask them that question specifically—but their biggest problem in life seemed to be they had nothing to do or that they got mad at somebody and did something, and then they had the problem or that they got into trouble and they put it in those kinds of terms. All of which seemed to suggest a lack of some sort of involvement with adults, either through the schools, through home or through other means.

I am wondering if the people that you see in either of your agencies, the Los Angeles Police Department or the United Way of Los Angeles, if you hear explanations of recurring situations over and over again?

Are you able to draw any conclusions as to what happens to children that you deal with? I think we all understand that if everybody had a happy family life and a mother and a father and $50,000 a year, and thought clean thoughts, that we probably wouldn't have any children in the predicament that we have, but we are not in that circumstance.

Can you focus on your experience and tell the committee what you perceive as being the basic root cause?

Mr. DWORIN. Well, from my experience, I believe it is the family unit. These children are from either single-parent families, or where both parents are there, both seem to be working and spending very little time with the child.

The child, like everybody else, needs affection and attention, and if the parents are unable or unwilling to provide this affection and attention, they will seek it somewhere else, either through their peer group or through another adult who might take advantage of them.

So, the primary cause, I believe, is the family unit, and the lack of that attention and affection to the child.

Mr. PATTERSON. Would you care to comment, Mrs. Kaplan?

Ms. KAPLAN. Yes; I would certainly agree that the family unit is important, probably vitally important, but I would add that we must remember that there are very powerful social forces impinging on the family.

Now, some family units may be strong enough to withstand this under the most adverse conditions, though I think every family,

like every individual, has its breaking point. And the stresses I would emphasize include the following:

Poverty, for one thing. and certainly when you get into communities like the black community, in which you have a 50-percent unemployment rate or better for young teenagers, what kind of future is there for them?

I remember testifying on this issue many years ago to a congressional committee, during the Great Depression of the 1930's. It was 34 percent for black young men in those days; it is worse today—over 50 percent for young black men.

Now, that kind of pressure on a family and on young people and on their outlooks cannot be minimized. It is too easy to say it is the family. Yes, the family is the crucial mediation between the child and the society and in that sense, I agree that an exceptionally strong family may be able to overcome some of these adverse things, but basically the problems of poverty and unemployment are caused outside the family.

We must also face the negative consequences of racial discrimination that unfortunately minorities still encounter in this country. Here, too, there is a differentiation in family reaction but the problem itself arises from the larger society.

One would also have to talk about the condition of the school system, which is not in good shape. Committees other than yours are dealing with it, but we have to realize that the situation in the schools is another aspect of powerful social developments that make it difficult for the family to carry out its role.

One measure that would help families greatly is more child care—of all types. California has historically been a leader in this field, but even in California, we are nowhere near having the child care that we need as a social support for one-parent families, and for those where both parents work.

So, while we have to work with individual families in our social agencies—that is what I did for many, many years as a line worker before I became an executive—unless we address these broader social needs simultaneously, the family alone will not be strong enough to cope effectively with these major problems.

Mr. PATTERSON. Thank you.

Chairman MILLER. Mr. Marriott.

Mr. MARRIOTT. Mr. Chairman, I would like to address my questions to Detective Dworin.

Do you have any specific statistics on the child sexual abuser in terms of a profile? For example, how many of these children who are abused come from broken homes where the stepfather or boyfriend or somebody else is involved rather than the natural parent or sibling?

Do you have any statistics or studies on that?

Mr. DWORIN. There are really no true statistics, only because child molestation is one of the most underreported crimes. My expertise goes into the pedophile, usually the outside influence, a family friend, person of authority over the child who takes advantage of that position to seduce the child.

There, again, the child is seeking affection and attention that is not supplied at home, and it is given to them by an adult seeking

some sexual satisfaction. There are no statistics nationally, because the FBI does not compile the statistics on child molestation.

Again, it is not reportable to the FBI. Statewide, again, it is only the statistics of reported child molestations and I do not have a figure on that.

Mr. MARRIOTT. Is there any relationship between the sexual exploitation of children and the 14 percent of all births which are to teenagers?

Mr. DWORIN. That I cannot determine. The sexual molestation of children usually occurs in the younger children. The average age, and we are seeing it going lower and lower, it is now about 6 to 12 years of age.

The older children involved in the molestation and exploitation are involved more in prostitution and the pornography aspects of it.

Mr. MARRIOTT. Finally, do you have any suggestions when you mention in your testimony that 70 percent of those sexual child abusers are family or friends or someone that the child knows or has some sort of relationship with, and only 30 percent or so are strangers who pick these kids up on the street.

Do you have any information now on the number of family oriented sexual crimes, and how we might solve the problem? If you were to lay out two or three ways that we might solve the problem or prevent the problem, what would that be?

Mr. DWORIN. Well, in fact, the U.S. statistics should be 85 percent by a known suspect compared to 15 percent by the total stranger.

Mr. MARRIOTT. But it is higher than that in Los Angeles?

Mr. DWORIN. That is a national figure.

Mr. MARRIOTT. So, 85 and 15. What should this committee do or anybody do to solve the problem? We have heard a number of witnesses testify how bad the problem is and we estimate that maybe up to 1 million children a year are forced into pornography or other problems not counting all of these sexual exploitation cases.

How do we solve this problem? What are the two or three best ways for our society to combat this problem?

Maybe Celeste would have a comment as well. We need to get to the solution. I am not sure I have heard in the last 6 months any real good solutions.

Mr. DWORIN. Primarily, it is public awareness and education. Teach the parents that the child is not being seduced by the total stranger that this is occurring in the home. Have the parents learn to listen to what the children say. Children do not know how to express when some type of physical or sexual assault occurred on them, but they say it in various other forms.

Teach the parents to listen to what the children are saying. That is primarily the most important thing.

Mr. MARRIOTT. But that only addresses the 15 percent. I am concerned about the 85 percent who are being exploited by their parents or by some sibling.

Mr. DWORIN. Well, in fact, the 15 percent are usually the reported cases, because there is some type of violence or force involved, where the child comes home and says somebody picked them up

and there was some force involved or a child is kidnaped and murdered.

We see this in headline news and this is what parents will tell their children, never take candy from a stranger and yet, this is only the small percentage. The parents don't teach the children, if Uncle Charlie puts you on his lap and fondles you, you have a right to say no, that your body belongs to you and nobody can touch your body unless you give permission, and that there are certain things that people should not do to your body, and if they do, you tell me as a parent and I would prevent this.

This is what the parents have to learn that the child is not guilty of sexual abuse when they are victims that they have been victimized.

Many children who are victims are afraid to tell their parents for fear of being blamed or for fear of punishment that they did something wrong and again the parents have to realize that the children are victims and were taken advantage of by an adult who knew how to seduce a child.

Ms. KAPLAN. I just want to add I agree with what you have said, and I would add that there are some models that are beginning to be developed for this. One of the programs that was developed in Los Angeles County, as the result of the State funding that I talked about earlier, is a joint program between one of the voluntary nonprofit agencies and the school district of Lawndale to reach every child in that district.

It has seven schools in an elementary school district. It is a yearlong program aimed at reaching the entire faculty, all the children and as many parents as possible along just the lines that Detective Dworin has outlined. There is even a pamphlet on this that speaks to the children and to their families. This program is going to be a large-scale effort, one of the first that I have heard in a given school district to do exactly this educational job.

Now, I have no doubt that one of the incidental things will be turning up of certain cases of abuse but at the same time, it is not a case finding program so much as it is an educational program, though it is equipped to handle both of these functions.

I think that this is one of the things that could be tackled both through the schools and through the churches as well.

Chairman MILLER. Ms. Kaplan, you mentioned the Lawndale School in your testimony. If you could provide those materials to the committee I would appreciate it.

Ms. KAPLAN. I would be happy to. That program is being directed by my previous agency, El Nido Services, and I think you would be very interested in what they are doing.

Chairman MILLER. Thank you very much.

Congresswoman Boxer.

Ms. BOXER. Thank you very much.

Ms. Kaplan, I want to thank you very much for your testimony and if I heard you right, I think I heard you say that at least in Los Angeles, there is a definite correlation between program cuts in child protective services and an increase in children's deaths because of abuse. This is an important point, and I wonder if you can say that on the record again?

Ms. KAPLAN. I think it would be very difficult to pinpoint any one death and I think that would be unfair in a certain sense because certainly the department, even under these cuts, was trying to the best of its ability with the most severe cases. What I was really trying to suggest is that until you had this sharp increase in child abuse cases, up three times from in 1978 to 1982. Until that increase occurred and until the media began to carry prominent stories about this, we did not get the community response and response from the supervisors which began to restore some of the funding.

Ms. BOXER. So what you are saying is that there was a threefold increase during that period of time?

Ms. KAPLAN. Yes, there was.

Ms. BOXER. Detective, I have a few questions for you. Unlike other crimes, it seems to me we have a very clear profile, as you have pointed out so well in your testimony, of who the sexual abuser is going to be, that is someone who has been sexually abused him or herself. It is amazing, and we know in this crime that we could shut off this vicious cycle if those people victimized by child abuse could be helped.

So my question to you is, as you look at this, are we working enough with the victim, addressing issues so that the victim, in turn, doesn't become an abuser.

Mr. DWORIN. In California we are. State law mandates that we notify the department of public social services or another agency to supply that family and the child with some counseling. Within our own unit we also give counseling in a very limited capacity based on the time element.

But the main thing that we have learned from psychiatrists and psychologists who are experts in the field, is the fact that if the child can talk about the activity later on in life it becomes just a bad experience and will not generally effect them. If they retain this activity to themselves and do not allow this to come out, later on in life it effects them subconsciously where there is psychological and emotional problems. These are the people who become the child molesters, the ones who cannot talk about it, cannot express what happened to them.

Ms. BOXER. You feel fairly confident that where you can work with a victim, there is a good chance that you can break the cycle?

Mr. DWORIN. A very strong chance, yes.

Ms. BOXER. Do you have any number or percentage of how many cases occurring are being reported?

Mr. DWORIN. There are no true figures. We receive quite a bit of intelligence through various Federal agencies, such as U.S. Customs, which has the responsibility for seizing child pornography coming into the country. In 1 year they seized in excess of 40,000 pieces of child pornography reaching some 20,000 people. Their estimate was that they seize only 5 percent of pornographic materials entering the country, which is extremely low. At the present time, it is even lower. It probably is a 2 or 3 percentage seizure rate which will reach potential pedophiles.

Ms. BOXER. My question really is how many sexual abuse cases are reported in Los Angles?

Mr. DWORIN. I do not have the figure.

Ms. KAPLAN. I have a figure on all sexual abuses.

Ms. BOXER. I wanted figures on child sexual abuse.

Ms. KAPLAN. I asked the department for some estimate on that and they made a study of a 6-month period this year, and of the cases that were reported at that time, some 19,000 that have been reported up to that time from last September to this May—wait a minute, let me get this exactly, because I did misquote myself on one other figure. Out of the 19,000, at rate, there were 6 percent that were sexual abuse.

Ms. BOXER. Six percent of the child abuse was sexual abuse?

Ms. KAPLAN. Which they thought was fairly representative, yes. The figure was from April through September 1983, and it was 1,203 out of 19,920, and I think that they would probably agree that this is an understated figure.

Mr. DWORIN. It is extremely understated.

Ms. KAPLAN. This is one of the hardest figures to get and I am sure you are aware of that.

Could I correct one other figure that you asked me for?

Ms. BOXER. Yes.

Ms. KAPLAN. The child abuse deaths rose from 16 in 1978 to 35 in 1982. We do not have the 1983 figures yet. So that would be more than double.

Ms. BOXER. The last question to the detective, if I might. You talked about a number of cases of sexual abuse being perpetrated by a family member and, of course, it is the desire on the part of many people to hold and keep the family together. In your opinion, is it sometimes better to remove the offending parent—which I understand is usually the father in these situations—or is it better to keep the father in the home and try to treat the father and the child?

The last part is, does child sexual abuse cut across income lines?

Mr. DWORIN. I will answer your last question first. It cuts across all income, social, religious, economic, and racial backgrounds. As to an incestuous relationship, depending upon the type of investigation, if it is father, stepfather, live-in boy friend, toward the one child in the house or just the children in the house, then the psychiatrists have indicated that there is a chance of treatment through Parents United and through other organizations in which intensive counseling and therapy is effective.

If you take the incestuous parent, who is also the pedophile, who photographs their child, who seduces other children, then this pedophile will continue. This is their sexual preference and definitely separate the child from this person.

Ms. BOXER. Thank you very much.

Chairman MILLER. Congressman Fish.

Mr. FISH. I thank both our witnesses for a very stimulating discussion.

Detective, we have 85 percent of child molestation occurring within the family or friendship relationships versus 15 percent strangers. Now, that is 100 percent, and what I want to find out is where we find the person who profits, the exploiter, the person who profits from the prostitution, from the sale of pornography and so forth. If he has to be part of that 100 percent and I would assume—just tell me if I am wrong—I would asssume that a potential source

for this individual would be those who run away from home because they have been sexually abused by a family member or close friend. Am I right so far?

Mr. DWORIN. The child pornographer, the exploiter of children generally falls into the 85-percent category. Of course, the exception is the two gentlemen in San Francisco who kidnaped the 2-year-old girl and kept her locked in a van for a number of months, sexually abusing her and photographing her, falls into the total stranger who also will gain some financial satisfaction.

The runaway child on the street, the 1 to 2 million estimated runaway children on the street each year, frequently will go into prostitution or pornography in order to survive and this is where, again, your child pornographer and your pimp will take advantage of the children, but it is not through force initially, it is through affection and attention towards these runaways, a place to stay.

Mr. FISH. But I suppose one of the reasons for runways would be alcoholism in the family. One reason could be that you are sexually abused?

Mr. DWORIN. Sexually abused, physically abused, rejection at home, no attention and affection. There are numerous reasons why a child runs away from home—boredom. But when they are on the street, they have to survive and in order to survive they frequently go into some type of illegal activity.

Mr. FISH. The most valuable thing I have gotten out of this is what you have told us about the need for knowledge of the source of this problem and the need for parental communication and once again, you get back to this issue of criminal justice and at the young age at which we are going to have to reach these children.

Coming from New York State, the publicity that we see on the news is the relationships at such places as Covenant House and the places on 42d Street in New York City, where those young prostitutes come to for shelter. But apparently they turn right around after sleeping and being fed and go right back on the street. There is no real way of controlling this. There are two or three places that are church operated that are just revolving doors.

Now, you, as law enforcement, do you have a similar situation in Los Angeles?

Mr. DWORIN. Yes sir, very much so. The child's self-esteem is extremely low. They are guilty in their own minds. They did something wrong. Nobody can help the child and this is what the child thinks about, and so they go into the covenant houses. They go into a halfway home. They get some proper attention for a short period of time, but there is no further counseling toward that child. There is no education. There is no employment for the child, so they go back on the streets in order to get whatever monetary gains they can.

Mr. FISH. How would you break that? How would you cut that and keep them from going back into the streets?

Mr. DWORIN. Through education. Through building up their self-esteem. But if a child understands that there is nothing for them when they finish with this halfway home, this covenant home, they will go back and continue what they are doing. To make $300 a night on the street as a prostitute, compared to $3.50 working in a supermarket is a great deal of difference.

Chairman MILLER. The time has expired.

Mr. FISH. May I ask for 30 seconds?

Chairman MILLER. Surely.

Mr. FISH. At the end of your testimony you referred to the special needs of adolescent mothers and you said prevention is extremely important, or vital I think you said, but you said you are not going to develop that further. That may be because time was running out. Could I ask you if you could develop it or tell us in writing how we can respond to people who say I would like to do something about preventing teenage pregnancy? I would love to receive in writing your ideas.

Ms. KAPLAN. I was really not directing my remarks to the prevention of pregnancy. I was actually talking about the thousands and thousands of teenage parents and their babies that already exist that need services if we are to prevent the very high risk of child neglect, if not child abuse.

But you are saying you would like more material dealing with prevention programs of the pregnancy itself, if I understand it?

Mr. FISH. In my own congressional district there is a coalition of 100 black women who made this a project for this year and asked me if I could give them any background of experiences elsewhere that they could refer to.

Ms. KAPLAN. Well, I can see that that material is gathered and sent to the committee and I will be happy to do it.

Mr. SIKORSKI. Mr. Chairman, in the interest of the three more panels, I will forego my questions. I do want to commend Ms. Kaplan and Detective Dworin for their valuable testimony.

Chairman MILLER. Congressman Wolf.

Mr. WOLF. I have a couple of comments.

Ms. Kaplan, I agree with everything you said and Detective Dworin, the same thing holds true regarding your comments, although I want to ask Ms. Kaplan one particular question which maybe you can be of help. As I see it Ms. Kaplan, we haven't really covered any of the root problems. How are we going to solve these problems? The question is why are families breaking down? What about family members who aren't home, but who are obviously trying to make that extra dollar so they can be a success in the world, as we value that so-called success.

What about the fact that there is a breakdown of just values, that fewer people are trusting in spiritual beliefs. What about the problem of low self-esteem? Why don't children believe in or have confidence in themselves? Violence on TV, what about doing something about that? Everything you said is accurate. I support everything you said about funding and all the budgets and things like that, but what are you going to do about getting to where the problem begins and remove the risk to these young people who don't have the problems today. How are we going to solve that?

Ms. KAPLAN. I think there is no one magic way to deal with this, but there are some root problems that do have to be addressed and key services or programs that are needed. Perhaps the single most important undertaking would be the development of a many sided approach to child care in this country.

I would single that out as a major need, because we are dealing not only with many single parent families, but with many, many

families in which both parents have to work. I think we have a permanent problem to deal with in this country that is going to require a multiple approach to the question of child care, including not only as we have in California, those that are sponsored by the department of education. We have many children's centers here in California. We never lost them entirely after World War II.

But in addition, there is an increase, for example, in employer sponsored child care. There are child care programs sponsored by churches. There are multiple approaches which it is not my task here today to outline. But I would emphasize that the strengthening of the family would be enormously enhanced by this, because it takes off much of the strain. You are dealing here with the children that are left alone—the latch key children, the younger children, you are dealing with the lack of care to older children when they get out of school. Many problems can be averted by proper child care.

Also to the degree that we can tackle the school system in this country and restore it to some of the strength that it once had—we will do much to help our children. I am not now talking about the social services for the kids that are already in trouble, because I don't think you are asking that. Instead I would give attention to our schools and child care as well as teenage employment as critically important. These are three pivotal questions that need to be addressed.

Mr. WOLF. I have been an admirer of Dr. Dobson's work. Are you familiar with Dr. Dobson's film series out here in California?

Mr. DWORIN. No, I am not.

Ms. KAPLAN. I would add that I was answering off the back of my head. The one I would add is parenting education in the schools. I would add that.

Mr. WOLF. Do you believe that can be done?

Ms. KAPLAN. Some of it can be done, particularly if what we do is have our teenage parents in the regular school system, have their kids on campus as we do in a few schools in Los Angeles in child care centers, use the child care centers as a way of beginning to teach all the young people in the school about it.

There are some model schools that are doing that and that can be done right within the school system. You get two for the price of one.

You handle the problem of the children that are already children of adolescents and you teach the others about them, too.

Mr. WOLF. Will you submit the model schools for the record?

Ms. KAPLAN. You mean the names?

Mr. WOLF. The names.

Ms. KAPLAN. I would say that although there are gaps, there are four schools in the Los Angeles unified school district that are doing it. One of them is Lock High School in south central Los Angeles, the heart of the black community. One is San Fernando High School in a major Latino community.

Both of them have programs and the other schools, I don't know by name at the moment, but I will find them out, but those are two schools you should look into.

Mr. WOLF. Thank you very much.

Chairman MILLER. Congressman Coats.

Mr. COATS. Thank you, Mr. Chairman.

Detective, you indicated, and we heard testimony yesterday in Salt Lake and through some of our other hearings, about the perpetual nature of the child abuse problem and also that finding a cure for the habitual child abuser has proved very elusive.

What is your experience in terms of cure rates for child abusers after they received counseling or some form of treatment or were detained? What is the repeat nature of child abuse and are we looking at something that in truth has a cure rate?

Mr. DWORIN. In the incestuous family relationship there is a cure rate and it is fairly high through proper counseling and treatment. For the "total stranger" child molester and the pedophile, the cure rate is extremely low.

These are people who gain their sexual satisfaction from being around children, from sexually molesting children, and experts have determined that they are not treatable basically.

Mr. COATS. What then is your recommendation in terms of moving these people from society? What is California law?

Mr. DWORIN. Well, they have increased the penalty in California for child molestation. They have mandated prison sentences for certain people who have a custodial-type position for children, for example, sports leaders, schoolteachers, and whatnot. These are mandatory prison terms.

It is realized that these people sought out a profession or volunteered their services to be close to the children they expected to molest.

Mr. COATS. What about the offender that just keeps coming back up? He or she has not been cured and they keep coming through the system. They are not professional. They are not in a particular position. How do we keep them from molesting?

Mr. DWORIN. Really, there is no answer other than locking them away in some type of facility.

Mr. COATS. Is that done in California?

Mr. DWORIN. We are seeing it more and more, but not to the extent I would like to see.

Mr. COATS. But probably not until after the third or fourth offense. Is that a fair characterization?

Mr. DWORIN. Generally, a fair characterization, again, unless a person has a position of authority over a child, the majority of suspects that I deal with and our unit deals with do not have a past criminal history. They are law-abiding members of the community, respected in their communities and it is a shock to the community that they find out that the schoolteacher, the police officer, is involved in molestation of children.

These are the people that will continue and must be separated from society to prevent the children from being molested.

Mr. COATS. You would recommend separation or incarceration then after the first offense?

Mr. DWORIN. Yes, I would.

Mr. COATS. And for what period of time, given our abysmal record on cure rates?

Mr. DWORIN. My personal opinion, as long as possible.

However, I understand the dictates of society and the monetary situation. A prime example is the gentleman, I believe, in Orange

County who was just sentenced to death for the murder and molestation of a 12-year-old newspaperboy. He had a past molestation history, but the prison system released him because of financial difficulties.

He was on the street 6 months. He molested and murdered a 12-year-old boy and was rearrested and was just sentenced to death.

Mr. COATS. Do you think that would serve as an effective deterrent?

Mr. DWORIN. For this one individual.

Chairman MILLER. The gentleman's time has expired.

Mr. COATS. May I in 30 seconds make one comment? I am not asking a question here. I am making a statement.

Ms. Kaplan, I appreciate your testimony. What frustrates me so much is that we continually are attempting to find the Band-aid to bind the wound. We direct so much of our attention to the wounds because they are bleeding and they have to be addressed. But we have spent so little of our time trying to deal with how to stop the wound from being inflicted in the first place. As Congressman Wolf said, we must look at the root causes or else we are in a repetitive situation where we add more money and workers to address the wounds and we do nothing to stop the wounds from being inflicted.

The place that we visited this morning costs $1 million a year to operate. We need to operate it to take care of those who need that care, but somehow we have got to find a way to reduce the entry of those people into that system. We need to look at the family, the church, the community and the extended family, the social structure of our Nation, to find answers to that or we will never have enough Band-aids to put over all the wounds.

We just have limitations on what we can do. So anything you can do to enlighten us along that line, and I say that to anyone here, is something we must look to.

Thank you, Mr. Chairman, for the extra time.

Chairman MILLER. The Chairman would like to recognize that the committee has been joined by Congressman Weiss of New York.

Mr. WEISS. It is a delight to be finally with you.

Chairman MILLER. I think Congressman Marriott has a point of clarification.

Mr. MARRIOTT. Just to clarify one question. The question is only what we are defining as child pornography. Child pornography that is on the street today is not the well-published magazines with colored pictures. Isn't it more the individual shots that are being taken by parents and amateurs that is being exploited? Hasn't the law pretty well cut down on the full-blown child porn magazines and now we are dealing with the homemade version of pornography?

Mr. DWORIN. Child pornography has always been a cottage industry produced by the amateur, the pedophile, for their own personal use and to exchange within the pedophilic community. Eventually these photographs turn up in a country that produces and distributes child pornography in the forms of magazines, movies, videotapes, which are now very popular, so you see both sides of it.

It is illegal in the United States to purchase child pornography and the majority is coming in from overseas although many of the children in these magazines are U.S. citizens or U.S. children.

Mr. MARRIOTT. Thank you very much.

Chairman MILLER. Thank you very much for your testimony and for your time.

Chairman MILLER. Next, the committee will hear from Panel No. 2, Jean Forbath, Dr. Duc Nguyen, Catherine Blakemore, Denise Ojala, and Emma Jane Riley.

Welcome to the committee. As you can see, the testimony already presented obviously raised a number of important questions and concerns. As a result, questioning always takes longer than the testimony. We would appreciate it if you could summarize your testimony to the extent you feel comfortable, and raise those points that you think the committee most certainly ought to be made aware of.

Again, your entire written statements will be placed in the permanent record of this hearing. So, first we will hear from Jean Forbath, who is the executive director of Share Our Selves, from Orange County.

STATEMENT OF JEAN FORBATH, EXECUTIVE DIRECTOR, SHARE OUR SELVES, ORANGE COUNTY

Ms. FORBATH. Thank you, Mr. Miller.

I would like to summarize my testimony, but I am afraid I would have too much to say and talk too long, so I will stick to the written script.

My name is Jean Forbath. I am executive director of Share Our Selves. Share Our Selves is a nonprofit organization which has been attempting to respond to the needs of the poor in Orange County for over 13 years. We are open to serve weekdays from 9 to 3 and are staffed totally by volunteers.

In our 13 years of existence we have never had a paid staff.

Although we are located in Costa Mesa, we receive clients from every city in Orange County. From our small office, with our volunteer staff, we are averaging over 160 families a day who come to us with a myriad of needs.

Yesterday we hit our peak. We had 246 families.

In October we provided emergency food to 18,363 people and funds for such things as motels, utilities, prescriptions, transportation, rents totaling $34,000.

Except for a small grant from the city of Costa Mesa and a one-time only grant of FEMA funds through the county, all of our funds come from voluntary contributions. In the last year-and-a-half our caseload and our expenditure of funds have jumped from 3,000 people a month to 18,000, and from $8,000 to an average of $25,000.

This dramatic jump can be attributed, of course, to the economic downturn of the last 2 years and also to the cuts in social services and emergency assistance from the Federal, State, and county governments.

Our clients are the same as the poor in other regions. However, in Orange County it is especially hard to be poor because of the

perception of our county of one of affluence. When you think of Orange County, what do you think of? Disneyland, Newport Beach, beautiful people cover the pages of "Gentry", and hide the homeless, the hungry, and the destitute who are increasing every day. Our clientele is composed of the chronically poor and the new poor, the unemployed and the underemployed, long-time Orange County residents and the newly arrived looking for a better life. We serve many undocumented workers who have nowhere else to turn when their children are hungry, the rent comes due and there is no work.

Although the unemployment figures in Orange County look rosy, we feel they do not give a fair picture of what really is happening. Many of the employed are in low-paying service jobs such as fast foods, maids, busboys, gardeners. Their wages cannot support a family.

Many have given up looking for work or have never received unemployment benefits or whose benefits have long since run out. These people do not show on the unemployment statistics. Also, there are many factors that make living in Orange County especially difficult for the working poor—our high cost of housing—the average rental for a two-bedroom apartment is $525. Figure out how you are going to pay for that on AFCD or SSI or unemployment or any of the other good things we have.

Another problem is our inadequate transportation system. All the jobs are beautiful, but you can't get there. Also, we have a great inadequacy of day care facilities. These are only a few of the things that make it hard to be poor in Orange County.

The most important issue that we see is the lack of affordable housing. In Orange County this is almost at a crisis level. Every day S.O.S. sees scores of people who have been evicted and cannot afford the move-in costs to find another place.

Consequently, they move in to scroungy motels and are stuck there for months. Others cannot even afford the motels and sleep in their cars, if they are lucky enough to have a car. Others camp out in our county campgrounds for 14 days, but then must move on, for the county allows someone to stay only 14 days in the parks in any one month.

It has been estimated that there are approximately 4,000 homeless people every night in our county. They range from the bag ladies, the transients, the mentally ill to families just down on their luck. Orange County has very few emergency shelters and none owned or operated by the county. The few shelters there are are always full and way overcrowded.

We have been hearing a lot earlier this morning about child abuse and child neglect. Just picture for yourself, if you will, that you are a mother or a mother and a father with four children and you have to live in a one-room motel for 3, 4, 5, 6 months or you have to live in your car and be very careful that you are not picked up by the police or a child protective worker because you don't have a place to live or maybe you have to camp in the parks for 14 days and then wonder where you are going to go for the rest of the month. Just think how that frustration and that trauma could not have some effect on how you treat your children.

We see homeless families that come to S.O.S. month after month. The first month they come it is pretty good. The kids look OK and the parents talk to them quietly. The next month it is a little bit more tremendous and finally we really are concerned about those children and it all has to do with displacement.

It has nothing to do with something being missing or rotten in that family. It is a situation of homelessness that they find themselves in. So housing is an important factor when we are talking about child abuse and child neglect.

The cuts in social services in recent years have added greatly to our case loads. With the first cut in AFDC eligibility, our clients jumped by 120 percent.

The cuts in foodstamps and school lunch programs as well as in the WIC program have increased our demand for food tremendously. Mental health cuts have made it much more difficult to care for many of the disturbed people who come routinely to S.O.S. for emergency funds for shelter, transportation, food.

They blow their SSI the first part of the month and then are out on the street again. Or they may not even have established enough of an address even to receive their check. Also, often some emotionally disturbed person will go berserk in our office. They are hospitalized only to be released after 72 hours and the cycle begins again.

We have so few psychiatric beds in our county that oftentimes local police don't want to drive the distances necessary and merely give the disturbed person a lecture, take him a brief distance away from the place of disturbance and then release him.

The newest phenomena we are experiencing is a rise in the numbers of people who are finding great difficulty in obtaining access to medical care. Unless it is an emergency which is life threatening or obviously in need of immediate care, medically indigent adults who were cut from MediCal last January have a difficult time of obtaining proper care.

Also, for scores of poverty-stricken undocumented workers, medical care is nearly impossible. A deposit is needed at most medical facilities and payment of bills is pursued with great vigor. At S.O.S. we have at least two people a day coming with their notices from collection agencies demanding payment for medical treatment. We try to convince them there is no debtors' prison in this country, but they are frightened and ask us to pay on their medical bill even before their rent.

Their rent is due and the utilities are due and they want us to help them pay their medical bills because the collection agents are dunning them.

Another medical cut that is hurting people tremendously is the many medicines that have been cut from the approved MediCal list. Scores of people come to us with prescriptions they cannot afford to have filled.

We have seen sick children who have gone for days without the medicine prescribed for them because there was no money to pay. Senior citizens have found that medicines they have taken for years can no longer be covered and they can't afford them. Also, the increase in the amount of shared cost of care under MediCal is a great hardship.

One of the greatest problems we face at S.O.S. is maintaining an adequate supply of food to provide to the families who come to us. As mentioned earlier, we are serving an average of 160 families a day for food—that is 640 people. We would like to give them enough food for a few days, but we usually manage to scrape up enough for only three or four meals.

The surplus cheese has been a great help, but we need more of it and more powdered milk, rice, and whatever our Government is storing. We have been trying to get powdered milk in Orange County for the last 3 or 4 weeks. We keep asking the Food Bank when is it going to come. They keep saying we keep asking for it, but we have not gotten it.

If you can push the right button and get us some more surplus food, it would be terrific.

Grassroots groups like S.O.S. have no trouble distributing it to those in need. Our only problem is keeping an adequate supply. Anything you can do to increase the quantity and variety of surplus foods distributed to the poor of our land would be a tremendous service.

Besides the cheese, we purchase such things as peanut butter, powdered milk, apple sauce, soup, cereal, baby formula, macaroni, pinto beans in large quantities. For example, we use 800 pounds of pinto beans a week and if we could afford it, we could use twice that number.

Churches, schools, service groups have food drives for us, but it is never enough. We get day-old bread and produce, but, once again, never enough. People ask us how do you know the people really are in need. We answer, would you wait in line for 1½ to 2 hours for what we are able to give if you weren't really hungry?

It has been my pleasure to address your panel. Thank you for the opportunity. I hope I have given a little insight into the plight of the poor in Orange County.

I really must ask your forgiveness, but I really have to leave and if you have any questions of me, I hope the other panelists don't mind. I don't know if that can be done.

Chairman MILLER. You know how rigid the Congress of the United States is. Does anybody have any questions they would like to ask of Mrs. Forbath?

Mr. PATTERSON. Mr. Congressman, I would like to applaud what Jean Forbath has done in our county, and we appreciate the tremendous work on a volunteer basis that you have done. I lauded you a little bit in my opening remarks indicating the 18,000 per month in the month of October that you fed through S.O.S. and I would also like to indicate that Jean Forbath is a newly elected chairperson of the Orange County Human Relations Commission, and we think that will be a fine addition to the county and we laud you for it.

[Applause.]

Chairman MILLER. If I might ask a brief question. How long have you been in existence?

Ms. FORBATH. For 13 years.

Chairman MILLER. Everyone involved is volunteer?

Ms. FORBATH. Yes.

Chairman MILLER. In October of 1983, did 18,000 people come there?

Ms. FORBATH. Yes.

Chairman MILLER. This is for all of the services?

Ms. FORBATH. That statistic, 18,363, was for food. They also got financial aid. We also have clothes and furniture and all that, too.

Chairman MILLER. But there were 18,000 who may have taken advantage of other services.

Ms. FORBATH. Yes.

Chairman MILLER. Thank you very much.

Mr. MARRIOTT. Just one question. I keep hearing about the tremendous surplus of food that the Government has got sitting around, but I don't know whether that is true or not. But it might be really worthwhile for us to do some investigation into what is out there.

If we are just wasting food and it is going unused and we are arguing now on the agriculture bill that we are keeping too much food in surplus and we have to find a way to get rid of it, I think maybe that is an area that should be discussed.

Finally, an area that is as wealthy as this one is, how good is the community at providing charitable giving to the poor? What about that?

Ms. FORBATH. I heard a statistic a couple of years ago that Orange County has the second highest median income in California and it is the second lowest in percentage giving to the United Way.

Mr. MARRIOTT. Well, that ought to be something to look into. I think that maybe we ought to put a drive together to raise some money.

Thank you very much.

Chairman MILLER. Congressman Weiss.

Mr. WEISS. Just to follow up. Could you give us some indication as to where the money comes from? You said you spend about $25,000 a month. Where do you get it from?

Ms. FORBATH. We have so many beautiful angels. The percentage who do give. Most of our donations are from individuals. We are not a United Way agency, although we can get designations. We do not receive any corporate donations.

We just really work hard and people come and see that what is given to us goes directly to the poor. Our only administrative overhead is the rent that we pay and our donors like it and we have 1,700 on our mailing list and they are only put there if they are warm bodies, so we do have a good support group.

Mr. WEISS. What kind of sympathy—I guess is the word I want—do you get from what I gather is a fairly conservative community, which are not particularly fond of the Government programs? What is the attitude toward you as far as local support?

Ms. FORBATH. We have tremendous rapport working with the city of Costa Mesa that has developed over a long time. I think they thought it was better to join us than fight us or vice versa.

We also sort of are the thorn in the side of county government many times, but we have been able to get some response. It is always a chore.

I think the biggest problem that we have had is to really convince people that there are poor in Orange County. That is our big-

gest problem. Every group we speak to, all the individuals, when we say just come down to our office and see.

Mr. WEISS. Thank you very much.

Chairman MILLER. Thank you very much.

Ms. FORBATH. Thank you and I appreciate your forbearance.

[Prepared Statement of Jean Forbath follows:]

PREPARED STATEMENT OF JEAN FORBATH, EXECUTIVE DIRECTOR OF SHARE OUR SELVES

My name is Jean Forbath; I am Executive Director of Share Our Selves. Share Our Selves (S.O.S.) is a non-profit organization which has been attempting to respond to the needs of the poor in Orange County for over 13 years. We are open to serve week days from nine to three and are staffed totally by volunteers. Although we are located in Costa Meas, we receive clients from every city in Orange County. From our small office, with our volunteer staff, we are averaging over 160 families a day who come to us with a myriad of needs. In October we provided emergency food to 18,363 people and funds for such things as motels, utilities, prescriptions, transportation, rents totaling $34,000. Except for a small grant from the city of Costa Mesa and a one time only grant of FEMA funds through the County, all of our funds come from voluntary contributions. In the last year and a half our caseload and our expenditure of funds have jumped from 3000 people a month to 18,000 and from $8,000 to an average of $25,000. This dramatic jump can be attributed, of course, to the economic downturn of the last two years and also to the cuts in social services and emergency assistance from the federal, state, and county governments.

Our clients are the same as the poor in other regions; however, in Orange County it is especially hard to be poor because of the perception of our County of one of affluence. Disneyland, Newport Beach, beautiful people cover the pages of "Gentry" and hide the homeless, the hungry, and the destitute who are increasing every day. Our clientele is composed of the chronically poor and the new poor, the unemployed and the underemployed, long-time Orange County residents and the newly arrived looking for a better life. We serve many undocumented workers who have nowhere else to turn when their children are hungry, the rent comes due and there is no work.

Although the unemployment figures in Orange County look rosy, we feel they do not give a fair picture of what really is happening. Many of the employed are in low paying service jobs such as fast foods, maids, busboys, gardeners. Their wages cannot support a family. Many have given up looking for work or have never received unemployment benefits or whose benefits have long since run out. These people do not show on the unemployment statistics. Also there are many factors that make living in Orange County especially difficult for the working poor—our high cost of housing (the average rental for a two bedroom apartment if $525), inadequate transportation system (OCTD does not run at night for many in factory jobs or electronic assembly) and the absence of adequate day care facilities, to name only a few.

The lack of affordable housing in Orange County is almost at a crisis level. Every day S.O.S. sees scores of people who have been evicted and cannot afford the move in costs to find another place. Consequently they move into scroungy motels and are stuck there for months. Others cannot even afford the motels and sleep in their cars, if they are lucky enough to have a car. Others camp out in our county campgrounds for 14 days, but then must move on, for the County allows someone to stay only fourteen days in the parks in any one month. It has been estimated that there are approximately 4,000 homeless people every night in our County. They range from the bag ladies, the transients, the mentally ill to families just down on their luck. Orange County has very few emergency shelters and none owned or operated by the County. The few shelters there are are always full and way overcrowded.

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necessary and merely give the disturbed person a lecture, take him a brief distance away from the place of disturbance and then release him.

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Another medical cut that is hurting people tremendously is the many medicines that have been cut from the approved MediCal list. Scores of people come to us with prescriptions they cannot afford to have filled. We have seen sick children who have gone for days without the medicine prescribed for them because there was no money to pay. Senior citizens have found that medicines they have taken for years can no longer be covered and they can't afford them. Also the increase in the amount of shared cost of care under MediCal is a great hardship.

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It's been my pleasure to address your panel. Thank you for the opportunity. I hope I have given a little insight into the plight of the poor in Orange County.

Chairman MILLER. Dr. Duc Nguyen.

STATEMENT OF REV. DUC NGUYEN, CHAPLAIN TO THE REFUGEES, ST. ANSELM'S CHURCH AND DIRECTOR, VIETNAMESE YOUTH CENTER, ORANGE COUNTY

Reverend NGUYEN. Mr. Chairman, and members of the committee, I am Reverend Nguyen, chaplain at St. Anselm's Episcopal Church, working with the Indochinese refugees in Orange County and also the director of the youth center in Garden Grove.

Thank you for allowing me to testify on behalf of the Indochinese families in this area.

As you probably know, since 1975 almost a million Indochinese have fled their homelands to seek refuge in the United States and other countries. Many have come to California, and especially to Orange County to resettle. It is estimated that about 70,000 are now residing in Orange County, and if this kind of weather continues in the East and the Midwest, many more will be coming here. Like any other American, they come here to seek good life and good weather, an existing community, employment opportunities, and a prosperous future.

In spite of many so-called success stories, Indochinese families are undergoing the most trying time due to cultural, community and economic pressures.

Let me address the problem in relation to the families.

I. Family Problems

1. COLLAPSE OF THE EXTENDED FAMILY SYSTEM

Extended families are giving way to nuclear families due to legal and economic realities. For hundreds of years, Indochinese families have relied on the support system of the extended families for their economic and social life. Suddenly that system collapses and leaves them with no alternative. Parents can no longer entrust their children to their grandparents during the working hours, they have to rely on the welfare system to survive.

Those who can work have to work long hours in order to have enough money to pay for child care and this leads to many family breakups.

2. FAMILY BREAKUPS

The new society provides freedom and opportunities for both parents to seek employment, and this has proven valuable to women. Women who have felt oppressed by their husbands and parents are now exercising their freedom and their rights. Very often they do not foresee the impact on their families and children. This results in family breakups.

Family breakups are also caused by the separation of the families during the exodus. Many families were divided as they left their homeland or members of their families were drowned at sea as they tried to reach the shores of other countries in Southeast Asia. Economic pressures also lead to psychological pressures and ultimately to family breakups.

These breakups have a very great impact on the psychological development of the children and may endanger the future of families within the refugee community.

3. INTEGRATED COMMUNITIES FOR INDOCHINESE FAMILIES

Indochinese families live in isolation within their own ghetto. There is a need for them to integrate into the American community and be a part thereof.

4. STARVATION AND HOMELESSNESS

It is hard to believe that there is starvation and homelessness amidst so much wealth in our society. But a number of Indochinese, like other Americans, are enduring these hardships. Most of these people are waiting to receive public assistance. These hard times have an impact on the families and the children.

Let me deal with the question of youth among the Indochinese community.

II. Youth Problems

The Indochinese population is a young population because Indochinese families have more children than average American families. The problem of youth could be classified in three areas:

1. EDUCATION

Since education is highly valued in Indochina, especially in Vietnam, it is obvious that Indochinese put greater emphasis on having their children achieve well in school. It is true that a good number of Indochinese young people are doing well in school, but many have dropped out of the system, some even become delinquent, or gang members.

This is because many of these young people, who had very little education in Vietnam, are now put in class according to their age, but beyond their educational ability. If a young man is 17-years-old, and he only had a second grade education, he is now put in the 11th grade because of his age, he could not cope with the problem in school.

They just stay in classrooms learning nothing, until they reach 18, or drop out. These are potential problems of the society.

2. SOCIAL PROBLEMS OF YOUTH

A good number of youths who are not coping with pressure in school are becoming social problems. They become delinquent, joining gangs, harassing businesses and burglarizing homes in order to make a living.

The number of Vietnamese homes burglarized by Vietnamese youth has increased in recent months. Some of them are also involved in drugs. They became vulnerable for recruitment by other well-organized, experienced gang groups. The problems could mushroom in the future if no solution is found.

3. LASTLY, CULTURAL ISSUES

Indochinese youth are undergoing a cultural transformation. Many want to deny their past and learn the practices of the new culture, but they cannot. They become rebellious within the family and community.

Others vehemently deny the influence of the new culture, yet they cannot withstand the cultural impact of the new society. Many parents are doing likewise and this may lead to psychological problems which they cannot cope with. A new cultural identity is needed for these young people so that they can find a cultural and psychological balance for their lives.

III. Children

The next area I want to address is the problems with the children. As there are more broken families, consequently, more children will suffer from anguish of living in a single parent family, having nobody home as they come home after school.

As pressures mount in the families, the children are likely to become targets for abuse by their parents. There is no doubt that

few of the parents deliberately abuse their children, but very often they become scapegoats for the anger and frustration of the new life in this society.

Indochinese tend to keep family problems within their family circle, and they rarely report these problems to the authorities. Indochinese neighbors also tend to look at these problems as domestic affairs and are not willing to report to the authorities.

Housing is also a big problem for Indochinese refugees and consequently Indochinese children suffer from unsanitary, run-down living quarters. They have few English-speaking friends, thus they do not have opportunities to practice their English outside the classroom, and their chance to escape from poverty lessens as they continue to live in the same neighborhoods.

I would like to mention a few suggestions to the committee and sometimes I use the word "supporting" or "providing". It does not mean financially only, but it does mean the moral support of the leadership of the country, of the people in leadership of the community.

One, providing special temporary shelters for abused spouses who need a place to sort out their problems, or providing bilingual staff at the existing shelter.

Two, supporting community organizations, neighborhood groups in their efforts to help members of the families.

Three, funding bilingual vocational training programs to help youth of limited educational backgrounds so that they can have the skills to become productive members of society instead of requiring them to sit in class beyond their ability.

Four, supporting cultural education so that the children will have some direction for their future.

Five, providing support for counseling services for children and families.

Six, providing tutoring programs for children through college work study programs so that college students can be involved in the community.

Seven, providing education for the community so that they know the resources available to them in terms of child abuse, drug addiction, alcoholism and juvenile delinquency.

Eight, support sport programs to keep youth busy with meaningful activities.

Nine, enabling the community to provide temporary shelters, food and clothing for homeless families during their transition periods.

These are only a few suggestions which may help solve some of the problems I just mentioned. I hope that the committee will look at these problems and suggestions carefully and provide necessary support for the community.

Thank you for your attention.

Chairman MILLER. Thank you.

[Prepared statement of Dr. Duc X. Nguyen follows:]

PREPARED STATEMENT OF DR. DUC X. NGUYEN, CHAPLAIN AT ST. ANSELM'S IRCC AND DIRECTOR OF VIETNAMESE YOUTH CENTER, GARDEN GROVE, CALIF.

Mr. Chairman, Members of the Committee and Staff, Ladies and Gentleman. Thank you for allowing me to testify on behalf of the Indochinese families in this area.

As you probably know, since 1975 almost a million Indochinese have fled their homelands to seek refuge in the U.S. Many have come to California, and specially to Orange County to resettle. It is estimated that about 70,000 are now residing in Orange County, and if this kind of weather continues in the East and the Midwest many more will be coming here. Like any other American, they come here to seek good life and good weather, an existing community, employment opportunities, and a prosperous future.

In spite of many so-called success stories, Indochinese families are undergoing the most trying time due to cultural, community and economic pressures.

I. FAMILIES

1. Collapse of the Extended family system.—Extended families are giving way to nuclear families due to legal and economic realities. For hundreds of years, Indochinese families have relied on the support system of the extended families for their economic and social life. Suddenly that system collapses and leaves them with no alternative. Parents can no longer entrust their children to their grandparents during the working hours, they have to rely on the welfare system to survive.

Those who can work have to work long hours in order to have enough money to pay for child care and this leads to many family breakups.

2. Family breakups.—The new society provides freedom and opportunities for both parents to seek employment, and this has proven valuable to women. Women who have felt oppressed by their husbands and parents are now exercising their freedom and their rights. Very often they do not foresee the impact on their families and children. This results in family breakups.

Family breakups are also caused by the separation of the families during the exodus. Many families were divided as they left their homeland or members of their families were drowned at sea as they tried to reach the shores of other countries in Southeast Asia. Economic pressures also lead to psychological pressures and ultimately to family breakups.

These breakups have a very great impact on the psychological development of the children and may endanger the future of families.

3. Integrated communities for Indochinese families.—Indochinese families live in isolation within their own ghetto. There is a need for them to integrate into the American community and be a part thereof.

4. Starvation & Homelessness.—It is hard to believe that there is starvation and homelessness amidst so much wealth in our society. But a number of Indochinese, like other Americans, are enduring these hardships. Most of these people are waiting to receive public assistance. These hard times have an impact on the families and the children.

II. YOUTH

The Indochinese population is a young population because Indochinese families have more children than average American families. The problem of youth could be classified in three areas:

1. Education.—Since education is highly valued in Indochina, especially in Vietnam, it is obvious that Indochinese put greater emphasis on having their children achieve well in school. It is true that a good number of Indochinese young people are doing well in school, but many have dropped out of the system, some even become delinquent, or gang members. This is because many of these young people, who had very little education in Vietnam are now put in class according to their age, but beyond their educational ability. They just stay in classrooms learning nothing, until they reach 18, or drop out. These are potential problems of the society.

2. Social.—A good number of youths who are not coping with pressure in school, are becoming social problems. They become delinquent, joining gangs, harassing businesses and burglarizing homes in order to make a living. The number of Vietnamese homes burglarized by Vietnamese youth has increased in recent months. Some of them are also involved in drugs. They became vulnerable for recruitment by other well organized, experienced gang groups. The problems could mushroom in the future if no solution is found.

3. Cultural.—Indochinese youth are undergoing a cultural transformation. Many want to deny their past and learn the practices of the new culture, but they can not. They become rebellious within the family and community. Other vehemently deny the influence of the new culture, yet they can not withstand the cultural impact of the new society. Many parents are doing likewise and this may lead to psychological problems which they cannot cope with. A new cultural identity is needed for these young people so that they can find a cultural and psychological balance for their lives.

III. CHILDREN

As there are more broken families, consequently, more children will suffer from anguish of living in a single parent family, having nobody home as they come home after school.

As pressures mount in the families, the children are likely to become targets for abuse by their parents. There is no doubt that few of the parents deliberately abuse their children, but very often they become scapegoats for the anger.

Indochinese tend to keep family problems within their family circle, and they rarely report these problems to the authorities. Indochinese neighbors also tend to look at these problems as domestic affairs and are not willing to report to the authorities.

Housing is also a big problem for Indochinese refugees and consequently Indochinese children suffer from unsanitary, run-down living quarters. They have few English speaking friends, thus they do not have opportunities to practice their English outside classroom, and their chance to escape from poverty lessens as they continue to live in the same neighborhoods.,

IV. SUGGESTIONS

I would like to propose the following suggestions for improving the situations of refugee families.

1. Providing special temporary shelters for abused spouses who need a place to sort out their problems, or providing bilingual staff at the existing shelter.
2. Supporting community organizations, neighborhood groups in their efforts to help members of the families.
3. Funding bilingual vocational training programs to help youth of limited educational backgrounds so that they can have the skills to become productive members of society instead of requiring them to sit in class beyond their ability.
4. Supporting cultural education so that the children will have some direction for their future.
5. Providing support for counseling services for children and families.
6. Providing tutoring programs for children through college work study programs so that college students can be involved in the community.
7. Providing education for the community so that they know the resources available to them in terms of child abuse, drug addiction, alcoholism and juvenile delinquency.
8. Support sport programs to keep youth busy with meaningful activities.
9. Enabling the community to provide temporary shelters, food and clothing for homeless families during their transition periods.

These are only a few suggestions which may help solve some of the problems I just mentioned. I hope that the committee will look at these prolems and suggestions carefully and provide necessary support for the community.

Thank you for your attention.

Chairman MILLER. Next the committee will hear from Catherine Blakemore.

STATEMENT OF CATHERINE BLAKEMORE, SUPERVISING ATTORNEY, PROTECTION AND ADVOCACY, INC., LOS ANGELES

Ms. BLAKEMORE. Thank you. Members of the Select Committee, I am a supervising attorney with Protection and Advocacy, which is one of the agencies designated under Public Law 95–602 to provide legal services to individuals with developmental disabilities. Individuals with developmental disabilities are those individuals who have handicapping conditions which arise prior to age 22 and

which impact three out of seven major live activities such as learning, language development, self-care, and similar kinds of activities. During the last year our office provided legal assistance to slightly over 3,000 individuals in all areas that are affected by their handicapping conditions including education, financial entitlements, medical care, employment discrimination, and habilitation.

Numerous State and Federal laws have been enacted during the last several years to insure that disabled youth and children receive services which will assist them in maximizing their potential. These mandates have done much to insure that those individuals receive the services they need. However, there continue to be gaps in the kinds of services that those individuals need in order to maximize their potential. This morning I would like to provide you with information on gaps that are occurring in three service systems in particular, education, health care, and implementation of what is called the least restrictive environment.

Public Law 94-142 and section 504 of the Rehabilitation Act guarantee handicapped children the right to receive an appropriate education. Although there is a debate concerning what is an appropriate education, a more basic access question exists for many students. The groups to which access to education continues to be a problem are individuals between the age of birth and three, juvenile offenders, and individuals with learning disabilities.

Looking at the first group which is individuals birth to three, I think that a survey of the professional literature would indicate to you that early intervention is cost effective, both fiscally, and developmentally

In spite of this literature, neither Federal law nor State law provides a clear mandate to provide education, social rehabilitation services for those individuals. In fact, California provides services based on where you live or based on the availability of services from other agencies such as regional centers. There needs to be a mandate to serve individuals in this age group to insure that developmentally disabled individuals realize their maximum potential.

The second group which needs to be focused on is individuals who are juvenile offenders. Statistics from the California Child Study Foundation indicate that 46 percent of children and youth who have been diagnosed as attention deficit disorder with hyperactivity, a condition, have been arrested for a felony offense and that 25 percent of this group have been incarcerated as a result of that offense.

In spite of these statistics, the basic mandate of providing specialized instruction and other kinds of services for that group is largely ignored. In Los Angeles County with only one exception juvenile offenders are not routinely screened to determine the existence of a learning disability or other handicapping conditions. Similarly, although the department of education has an agreement with the California Youth Authority, there is not any systematic method for assessing these individuals and no comprehensive plan for providing services to that group. Much of what you have focused on this morning has asked to look at the root of the problem. One clear root that can be identified in terms of later problems adjusting to society is insuring that individuals who have the poten-

tial for being juvenile offenders are treated early and receive the kinds of specialized services that they need. [Applause.]

Of particular concern at this time are State regulations which are attempting to quantify the Federal definition of what is a learning handicapped individual by use of a complex mathematical formula. Not only does use of this formula discourage parent participation, it has resulted in the exclusion of handicapped children from programs. School districts that have done studies of their population, for example, have found that of students who are currently serving in special education programs, only 34 percent of those individuals would continue to remain eligible for those services.

If we are going to effectively serve youth and children, we need to insure that they receive the kinds of services that they need through the education system. Use of a restricted eligibility formula is not going to serve that purpose.

The emphasis I have placed on access to services is not to suggest that once an individual receives services that all is well. There are a number of problems receiving related services, problems with interagency coordination, problems with vocational education. Time simply does not permit me to address those issues today.

The second area I want to address is the issue of comprehensive health care services to disabled children. As you might well realize this is a critical element of a service program for individuals who have a disabilities.

In California many disabled children are eligible to receive services from California Children's Services. That is a program that is funded in part through title V of the Social Security Act, the material and child health care services portion of the Social Security Act.

Occupational and physical therapy and purchase and repair of medical equipment is a primary responsibility of CCS. Provision of services by CCS, however, has been a constant source of frustration for families of disabled children and recent cutbacks in those programs have only exacerbated an already critical problem.

For example, one year ago Los Angles County CCS terminated services to developmentally disabled children who reside at intermediate care services for the developmentally disabled. As a result, individuals who live in those facilities no longer received the therapy services which prevent development of life-threatening conditions, enabled those indivduals to learn to walk and to learn other skills which are essential for self-care such as feeding. Further, because of cutbacks in that program, individuals who have outgrown wheelchairs no longer are eligible to receive new wheelchairs.

Another survey conducted by Los Angeles County United Cerebral Palsy Spastic Children's Foundation indicates that CCS is implementing categorical cuts which are having a significant impact on clients. Each of the CCS offices contacted indicated that they would no longer be providing direct therapy services to individuals who are educated in development centers which are the very centers that serve the most severely handicapped individuals in the State of California. Similarly, they indicated they would not be providing services to cerebral palsy students above the age of 7 or 8. I think tnese illustrations point out that there are tremendous gaps in the kinds of health care services that individuals who are devel-

opmentally disabled are receiving and there is a need to look at that problem and find ways of closing that gap.

During the past decade a primary focus has been on placement of individuals in the least restrictive environment. Studies have shown the benefits of lesser restrictive placements both in terms of development of independent living skills and cost savings to agencies making placements.

However, three regulatory changes in California are having a tremendous impact on the right of individuals to continue to reside in community settings in which they have been living successfully for long periods of time.

Regulations adopted by our State department of developmental services severely restrict services available to developmentally disabled persons including independent living skills training, special services for training and residential programs and intensive behavior modification services. As a result it is feared, that individuals who have been successfully living in the community will lose services which enabled them to live in this setting and will be required to return to more restrictive settings.

In addition, two recent changes in licensing regulations have the potential to adversely impact numbers of individuals who are successfully living in the community. The first regulation prohibit the use of prone containment in community care facilities, but continue to allow that particular technique to be used in State hospitals. As a result, individuals who have been in community settings living successfully for whom that technique must occasionally be used are now being forced back into institutions.

Another regulation which is having the same kind of impact are regulations which prevent individuals with certain health care needs such as colostomy care, catheter care, tracheotomy care from living in community facilities and are again being forced to live in more restrictive types of settings.

These gaps clearly points out the need for the continued involvement of the Federal Government in insuring that developmentally disabled children and adults need to maximize their potential. In particular, I would suggest a couple of areas where Federal involvement needs to take place: maintenance of current legislation which establishes basic rights to education and health care services and legislation which prohibits discrimination, adequate monitoring to insure that current mandates are fulfilled and enforcement of Federal statutes when Federal rights are violated and mandates not met; and full funding of Federal statutes such as the Education For All Handicapped Children Act.

Thank you for the opportunity to address you today and if I can at any time provide you with additional information, I will be happy to do so.

Chairman MILLER. Thank you.

[Prepared statement of Catherine Blakemore follows:]

PREPARED STATEMENT OF CATHERINE J. BLAKEMORE, SUPERVISING ATTORNEY WITH PROTECTION AND ADVOCACY, INC.

Members of the Select Committee, my name is Catherine Blakemore, I am a supervising attorney with Protection and Advocacy, Inc. Protection and Advocacy is the agency designated under Public Law 95-602, the Developmental Disabilities

Services Assistance Act, to protect the civil, legal and service rights of developmentally disabled persons residing in California. During the last fiscal year we provided legal assistance to 3,099 developmentally disabled persons and their families. Subject areas where assistance was provided included special education, financial entitlements, health care, employment discrimination and habilitation.

Numerous state and federal laws have been enacted during the past decade to insure that disabled youth and children receive services which will assist them in maximizing their potential. There is no doubt that these mandates have increased opportunities, however, much remains to be accomplished. Today, I would like to provide you with information regarding implementation of these mandates in California and point out gaps in the service system which deny disabled children services which are critical to the development of their fullest potential. There are three areas of primary concern—education, health care and implementation of the least restrictive environment.

Public Law 94-142 and Section 504 of the Rehabilitation Act guarantee handicapped children the right to receive a free appropriate education. Although there is an ongoing debate concerning what constitutes an appropriate education, a more basic access question exists for thousands of students. At present there are at least three clearly identifiable groups for whom access to educational services is in question in California: individuals ages birth to three; juvenile offenders and individuals with learning disabilities.

The professional literature clearly recognizes the value of providing services to severely disabled individuals at birth. Nonetheless, neither federal law nor state law imposes a clear mandate to serve this age group. Under state law, some school districts are required to operate early childhood programs simply because they voluntarily operated programs for them before 1981 (Education Code § 56425). Other agencies regional centers, for example, provide services but the mandate to do so is not precise (Welfare and Institutions Code § 4648) and typically programs are cut when funds are limited. As a result, services are provided based not on need but rather based on where one lives or on the availability of funds. A mandate must be put in place to insure that individuals within this age group will be served.

Statistics indicate that 46% of children and youth who have been diagnosed as attention deficit disorder with hyperactivity have been arrested for a felony offense and that 25% of this group have been incarcerated.[1] Although this is a startling statistic, the basic mandate of providing appropriate education services to this group is largely ignored. In Los Angeles County with one exception,[2] juvenile offenders are not routinely screened to determine the existence of a learning disability or other handicapping condition. Similarly, although the Department of Education has an interagency agreement with the California Youth Authority, there is no systemic method of assessing needs and no comprehensive plan for providing special education services to this group. Thus there is a tremendous gap in the service system which results in the exclusion of disabled students from services which ameliorate their disability. More significantly follow-up studies indicate that when appropriate education and therapy is provided, the arrest rate drops by 50%.[3]

Of particular concern at this time are state regulations which attempt to quantify the federal definition of learning disabled by means of a complex mathematical formula. Not only does this regulation violate federal law in that it among other things, denies parental participation in the IEP process and bases eligibility on single test instrument, more significantly it has resulted in the exclusion of large numbers of students from special education services. A survey conducted by the Richmond Unified School District for example found:

"When the state formula is applied to the total sample of 100 students *currently* enrolled in the L.H. [learning handicapped] program, only 34% of the students are eligible. . . .

"The results of this study lead to the inescapable conclusion that the state L.D. [learning disabled] formula is detrimental to certain children with special needs. Large numbers of students will be denied services if this formula is applied strictly. Furthermore, professional judgment and the team process mandate by P.L. 94-142 become inconsequential under this formula."[4]

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[1] James Sauterfield, M.D., California Child Study Foundation.

[2] The juvenile court in Sylmar has an ongoing project which refers juvenile offenders to public agencies for assessments and other services.

[3] James Sauterfiled, M.D., California Child Study Foundation.

[4] Stephen R. Cederborg, Ph.D., "Application of the State Eligibility Criteria to the Learning Handicapped (L.H.) Program of the Richmond Unified School District."

If this formula is utilized, there is little doubt that large numbers of handicapped children who currently qualify for special education, will be excluded from the very programs which have resulted in their achieving meaningful academic gains. More importantly, this exclusion will not be due to a change in their condition but rather solely a change in the method by which eligibility is determined.

The emphasis I have placed on access to services is not to suggest that once that obstacle is eliminated there are no barriers to services. Substantial problems exist in insuring provision of related services, vocational education, and provision of services in settings which maximize opportunities for interaction with nonhandicapped peers. The limited time available today simply does not enable these issues to be addressed.

As well might be imagined, provision of comprehensive health services to disabled children is critical. In California, many disabled children receive services from California Childrens Services (CCS) (CCS is funded in part through Title V of the Social Security Act—Maternal and Child Health Services). A critical component of CCS services is the provision of occupational and physical therapy services and purchase and repair of medical equipment. Provision of services by CCS has been a constant source of frustration for many families with disabled children and recent cutbacks have only exacerbated an already critical problem. Approximately one year ago, Los Angeles County CCS terminated services to developmentally disabled persons who reside in an ICF-DD (Intermediate Care Facilities For the Developmentally Disabled). As a result individuals who live in these facilities no longer receive therapy services, which prevent the development of life threatening conditions, enable individuals to walk and to learn skills which are essential for self-care, such as feeding. Further because of CCS terminations, clients no longer have wheelchairs repaired, or receive new wheelchairs when they outgrow their current ones. Lack of these basic services has resulted in an inability to get to and from school and in loss of skills which enabled individuals to be more independent.

In addition, a recent survey by Los Angeles County United Cerebral Palsy/Spastic Childrens Foundation indicates that CCS is implementing categorical denials which have significant impact on clients. At each of the CCS offices contact staff indicated that therapy would not be provided to children in developmental centers for the handicapped (centers which typically serve the most severely disabled) and that therapy for the most part would not be provided to students with cerebral palsy over the age of 7 or 8 due to staff perceptions that children at this age can no longer benefit from the therapy. Categorical denials such as these impose substantial barriers to maximizing disabled children's potential and must be eliminated.

During the past decade, a primary focus, has been the placement of individuals in the least restrictive environment appropriate to their individual needs. However, in California several recent developments indicate a reversal of this trend and as a result, individuals who have been successfully residing in the commmunity and who wish to remain there, are being forced to consider returning to or being placed for the first time in more segregated environments.

Three statutory regulatory changes are the impetus behind this trend. In the late 1960's, California statutorily enacted a system of regional centers, nonprofit centers designed to coordinate services provided developmentally disabled persons (Welfare and Institutions Code § 4600 *et seq.*). Recent emergency regulations adopted by the Department of Developmental Services severely restrict services available to developmentally disabled persons. Under these regulations independent living skills training is limited to persons capable of full independence; many special services for training in residential programs are eliminated without regard for the existence of adequate alternatives; intensive behavioral services are made unavailable to persons with severe behavioral deficits but no maladaptive behaviors; and many therapies commonly required by developmentally disabled persons are entirely omitted from mention and, implicitly, purchase by regional centers. As a result it is fear that when these cuts are made, many persons will be denied those services which have enabled them to live in the community.

In addition two recent changes in licensing regulations have the potential to adversely impact numbers of individuals who are successfully living in the community. The first regulation prohibits the use of prone containment, a behavior management technique, in community care facilities but continues to permit its use in state hospitals. Thus individuals with behavior problems who are placed in community facilities will be returned to state hospitals. Further regulations have been promulgated which would prevent individuals with certain health needs from residing in community care facilities. Health conditions which would prohibit placement include colostomy care, catheter care and tracheotomy care. Again, as a result individuals who

have been successfully living in programs and who wish to remain there will be required to move into more restrictive settings.

The service gaps to which I have referred clearly point out the need for the involvement of the federal government in insuring developmentally disabled children and youth receive services which will maximize their potential. Federal involvement needs to take several forms: maintenance of current legislation which establishes basic rights to education and health care services and prohibits discrimination; adequate monitoring of services systems to insure that the current mandates are fulfilled; enforcement of federal statutes when rights are violated or mandates not met; and full funding of all federal statutes such as the Education for all Handicapped Children Act.

Thank you for the opportunity to address you. If at any time, you need additional information, I will be happy to provide it.

Ms. BLAKEMORE. Accompanying me this morning is Denise Ojala who is from TASK.

STATEMENT OF DENISE OJALA, VOLUNTEER, TEAM OF ADVOCATES FOR SPECIAL KIDS, ORANGE COUNTY

Ms. OJALA. I am a parent of a 13-year-old with spina bifida. The only agency we have to go through for any services is California Children's Services. I was asked to tell you a small portion of the experiences we have had over the last 2 years.

Our son has been a client of California Children's Services on and off for 13 years. His disability, spina bifida, was recognizable at birth and we were referred to CCS when Greg was 1 week old.

Children's Hospital of Orange County handled everything working through the hospital social worker and the CCS social worker, thus relieving us of the added strain of trying to find a source of help to us. Greg was in the hospital for the first 3 months of his life.

My husband had been out of the service for 2 weeks and was just starting a new job; therefore, we had no insurance. Needless to say, we were very grateful for CCS as they paid the entire hospital bill of approximately $250,000. We remained on as a CCS client through approximately 1976.

Greg had various surgeries, and CCS always picked up the 20 percent that our insurance did not pay. In 1976, we decided to go off of CCS because Greg was very stable and did not require anything more than routine examinations by his five physicians. We felt we could afford to pay the 20 percent balance of the doctor bills that the insurance did not cover.

During the 5 years we were not clients, as a result of my volunteer work with TASK, I was aware of the rising problems within CCS as well as the litigation against them. I was always concerned that if we needed them again for financial help, we would be in trouble.

In April 1981, Greg became very ill. Spina bifida is a birth defect affecting the spinal column. There is an opening in the spine which interrupts the flow of spinal fluid from the spine to the brain which results in hydrocephalus.

This necessitates the placement of a shunt tube, which is inserted into a ventricle of the brain and then connected to either the lining of the stomach or the heart. The shunt can become plugged and as a result will have to be replaced.

Greg had had this particular shunt from 1973 through April 1981. This is a relatively long period of time for one to be in place.

In April, Greg's malfunctioned; he was taken by ambulance, because of seizuring, to the hospital where emergency surgery was done to replace it.

Twice in May, twice in June, one time in August, September, and October and twice in November—a total of 10 surgeries—Greg's shunt malfunctioned and had to be replaced. It would take more time than I am allowed to give you the details of this period of time. We had to change doctors and hospitals at one time because the neurosurgeon denied that it could possibly be the shunt again that was not working.

Our family was under a tremendous mental strain as well as a financial burden. From April to November we had no time to stop and think what was happening.

Greg was near death several times, and our main goal was to keep him alive and worry later how we would pay for it. Several friends asked why we had not contacted CCS again. My reply to them was that I knew they looked at the previous year's income and would not consider what was happening to us at that time.

When a family is involved in this type of situation, the very idea of having to fight CCS for help was more than we felt we could deal with. Trying to explain to Greg what was happening to him, why he was in such terrible pain. Trying to deal with the feelings of our then 5-year-old daughter, who did not understand what was happening to her brother and why she was spending the night again with relatives or friends.

In 1980, things were great in our household. There was plenty of money, there were two incomes. But in 1981, I had to quit my job, my husband stopped working all overtime, he used up all of his vacation and had to use personal time off that was not paid. These circumstances cut our income more than in half.

In November 1981, and Greg's final shunt revision, Children's Hospital of Orange made the call for us to CCS and had our case reopened. CCS reopened it and we went down for our financial. Based on our 1980 income taxes, our repay was approximately $750 per month.

We appealed it to first step and it was lowered to $298 per month. If we had had $298 extra a month, we could have paid the doctors. We were looking at $10,000 in hospital and doctor bills after the insurance paid—after that date, we would then repay CCS $298 a month for their help.

By October, we had met a maximum amount of insurance and the insurance company was then paying 100 percent of Greg's bill. CCS was no help to us.

By January 1982, we realized that no matter what we did, there was no way out of our financial bind. We discovered that Greg's spine had collapsed and that he would need major surgery to correct it. We put it off until July 1982, but knew there would be a tremendous expense and also that I could not return to my job as he would be in a cast for a year. We then filed bankruptcy. This just added to the strain that our family was already under.

As a condition of our continued eligibility in CCS we were told we had to take Greg to the University of California Irvine Medical Center Handicapped Child Clinic. We were told to see a team of

doctors to see if Greg's condition still existed. I told them I didn't see why we had to do this.

I would have Greg's doctors, who are all CCS paneled physicians, send a report to them. CCS told me this was not acceptable. I then kept Greg out of school for the day, and took him to this clinic.

We spent 5 hours there where these doctors all agreed Greg did still have spina bifida. We then received a bill for $110 which our insurance did pay, but this just added another $110 against Greg's life-time insurance allowance that was not necessary.

Just prior to our 1982 financial meeting, we received a phone call from CCS. They asked if our income was over $40,000 for 1981—of course it was not—and that if it was, don't bother to come in, that our case would be closed. Of course, it was not and we were again eligible for services with a monthly repay of $143 per month.

CCS still did not consider all of the bills we still had to pay even after the bankruptcy. They insist on only looking at what you had to pay the State of California in taxes and using that as a basis for determining your repay.

Before your financial screening, they ask you to gather all of your tax information and all of the receipts from bills you are paying. However, they never look at the bills, only the tax papers.

During a recent visit to one of Greg's doctors, she advised me that she was no longer accepting CCS clients as she never receives payment from CCS. I find it hard to justify paying CCS when they are not paying the doctors or other service providers. Yet, if you miss one or two payments to CCS, they automatically send it to collection.

As of October 1983, we have again elected to discontinue the services of CCS. It is not worth the continued fight we have to go through to get any added help.

Chairman MILLER. Thank you very much for your testimony.

[Prepared statement of Denise Ojala follows:]

PREPARED STATEMENT OF DENISE OJALA, VOLUNTEER, TEAM OF ADVOCATES FOR SPECIAL KIDS, ORANGE COUNTY

Our son Greg has been a client of California Children's Services on and off for 13 years. Since his disability (Spina Bifida) was recognizable at birth, we were referred to CCS when Greg was one week old. Children's Hospital of Orange County handled everything working through the hospital social workers and the CCS social worker, thus relieving us of the added strain of trying to find a source of help to us. Greg was in the hospital for the first three months of his life. My husband had been out of the service for two weeks and was just starting a new job; therefore, we had no insurance. Needless to say, we were very grateful for CCS as they paid the entire hospital bill of approximately $250,000. We remained on as a CCS client through approximately 1976. Greg has various surgeries, and CCS always picked up the 20% that our insurance did not pay. In 1976, we decided to go off of CCS because Greg was very stable and did not require anything more than routine examinations by his five physicians. We felt we could afford to pay the 20% balance of the doctor bills that the insurance did not cover. During the five years we were not clients, as a result of my volunteer work with TASK, I was aware of the rising problems within CCS as well as the litigation against them. I was always concerned that if we needed them again for financial help, we would be in trouble.

In April of 1981, Greg became very ill. Spina Bifida is a birth defect affecting the spinal column. There is an opening in the spine which interrupts the flow of spinal fluid from the spine to the brain. This necessitates the placement of a shunt tube, which is inserted into a ventricle of the brain and then connected to either the lining of the stomach or the heart. The shunt can become plugged and as a result will have to be replaced. Greg has had this particular shunt from 1973 through

April 1981. This is a relatively long period of time for one to be in place. In April, Greg's shunt malfunctioned; he was taken by ambulance, because of seizuring, to the hospital where emergency surgery was done to replace it. Twice in May, twice in June, one time August, September and October and twice in November, (a total of 10 surgeries) Greg's shunt malfunctioned and had to be replaced. It would take more time than I am allowed to give you the details of this period of time. We had to change doctors and hospitals at one time because the neurosurgeon denied that it could possibly be the shunt again that was not working.

Our family was under a tremendous mental strain as well as a financial burden. From April to November we had no time to stop and think what was happening. Greg was near death several times, and our main goal was to keep him alive and worry later how we would pay for it. Several friends asked why we had not contacted CCS. My reply to them was that I knew they looked at the previous year's income and would not consider what was happening to us at that time. When a family is involved in this type of situation, the very idea of having to fight CCS for help was more than we felt we could deal with. Trying to explain to Greg what was happening to him, why he was in such terrible pain. Trying to deal with the feelings of our then five year old daughter, who did not understand what was happening to her brother and why she was spending the night again with relatives or friends. In 1980, things were great in our household but in 1981, I had to quit my job, my husband stopped working all overtime, he used up all of his vacation and had to use personal time off that was not paid. These circumstance cut our income more than in half.

In November of 1981, Children's Hospital of Orange, made the call for us to CCS and had our case re-opened. CCS re-opened it and we went down for our financial. Based on our 1980 income taxes, our re-pay was approximately $750 per month. We appealed it to first step and it was lowered to $298 per month. If we had had $298 extra a month, we could have paid the doctors. We were looking at $10,000 in hospital and doctor bills after the insurance paid their share. CCS would only go back to October and pay for the surgeries after that date, we would then repay CCS $298 a month for their help! By October, we had met a maximum amount of insurance and the insurance company was then paying 100% of Greg's bill. CCS was no help to us. By January of 1982, we realized that no matter what we did, there was no way out of our financial bind. We discovered that Greg's spine had collapsed and that he would need major surgery to correct it. We put if off until July of 1982 but we knew there would be a tremendous expense and also that I could not return to my job. We then filed bankruptcy. This just added to the strain that our family was already under.

As a condition of our continued eligibility in CCS we were told we had to take Greg to the University of California Irvine Medical Center Handicapped Child Clinic. We were to see a team of doctors to see if Greg' condition still existed. I told them I didn't see why we had to do this. I would have Greg's doctors, who are all CCS paneled physicians, send a report to them. CCS told me this was not acceptable. I then kept Greg out of school for the day, and took him to this clinic. We spent five hours there where these doctors all agreed Greg did still have Spina Bifida. We then received a bill for $110 which our insurance did pay, but this just added another $110 against Greg's life-time insurance allowance that was not necessary.

Just prior to our 1982 financial meeting, we received a phone call from CCS. They asked if our income was over $40,000 for 1981 and that if it was, don't bother to come in, that our case would be closed. Of course it was not and we were again eligible for services with a monthly re-pay of $143 per month. CCS still did not consider all of the bills we still had to pay even after the bankruptcy. They insist on only looking at what you had to pay the state of California in taxes and using that as a basis for determining your repay. Before your financial screening, they ask you to gather all of your tax information and all of the receipts from bills you are paying. However, they never look at the bills, only the tax papers.

During a recent visit to one of Greg's doctors, she advised me that she was no longer accepting CCS clients as she never receives payment from CCS. I find it hard to justify paying CCS when they are not paying the doctors or other service providers. Yet, if you miss one or two payments to CCS, they send it to collection.

As of October 1983, we have again elected to discontinue the services of CCS. It is not worth the continued fight we have to go through to get any added help.

Parents of CCS eligible recipients frequently call the TASK office for assistance in securing services for their children. The calls for assistance have increased since financial eligibility requirements have become more stringent, and there has been a definite decline in service provision over the last 3 years.

CALIFORNIA CHILDREN'S SERVICES

FINANCIAL ELIGIBILITY

Clients feel the eligibility criteria (based on previous year income) is unfair, and in a majority of our cases, clients cannot afford the monthly pay back for CCS charges. These parents report that they are advised by CCS personnel that appealing the financial eligibility will not lower their monthly payments. Our experience has found this statement to be true, since the appeal process fails to consider unpaid bills and other expenses incurred by the family.

Many clients have already incurred large medical bills because the family was not referred to CCS at the initial time of need (i.e., at birth or immediately following diagnosis of CCS eligible conditions or birth defects). The reasons for this are many:

(a) Insufficient or ineffective outreach by CCS agency
(b) Lack of social workers in the CCS agency
(c) Insufficient number of nurses in the CCS agency (3 full time for 6,000 patients)
(d) Severe decline of CCS participating physicians
(e) Large number of hospitals who do not refer to CCS
(1) University of California Medical Center and Children's Hospital of Orange are the only two hospitals of which we are aware that refer to CCS.

This is an important point because CCS financial assistance is not retroactive.

SERVICES

There has been a noted decline of speech therapy services for deaf/cerebral palsied, deaf and cleft palate children. Further, physicial therapy services have declined in the last three years as well. The agency rationale for the decline in speech therapy services is that speech therpy is the obligation of the educational agency. However, it has been past practice of the CCS agency to supplement the amount of speech therapy which could be provided during school hours (and still maintain the integrity of the academic component) in order to meet the needs of the child. Such practice has stopped, leaving the child with insufficient therapy to either promote better functioning or maintain their present level of functioning.

The state mandates that physical and occupational therapists work under the direction of a physician. Under the CCS Guidelines "the prescribing physician writes the orders and the therapists carry them out." This mandate is being circumvented by the practice of CCS preparing a prescription on a standard form and sending it to the physician for signature. Thus therapy is being prescribed which is more likely to fit the needs of the agency (i.e. budget, manpower) than the needs of the child. This is evidenced by the decline in services to severely-involved children and to older children which jeopardizes their ability to attain higher functioning levels or maintain their current status.

Parents are then left with the stress of trying to secure the needed services, and are tossed back and forth between the educational agency and CCS. If they are knowledgeable enough to know that they can appeal, they are confused as to which agency. Moreover, they are encouraged by education to utilize CCS appeals, even though the obligation to *assure* the provision of related services in the child's IEP rests clearly with education.

APPEALS PROCEDURE

The CCS appeals process is not "unbiased". The people to whom an appeal is made at the county level are the same administrators who established the current policy dealing with services provided. The ultimate level of appeal is to Esmond Smith, Chief at the State level, who initiates current policy. In order to facilitate an "unbiased appeals process," an impartial, knowledgeable person should be hearing appeals making decisions regarding services needed, or a person of this nature should be on a panel. Parents feel it is frustrating, time consuming and worthless to appeal a CCS decision.

IMPACT ON FAMILIES

The frequent fluctuation of policy (without prior notice to recipients) keep parents on a constant see-saw with regard to service levels, service cut-backs, and how to replace services that CCS no longer provides. Many private medical professionals do not participate in the CCS program for the same reason, thus placing additional strain on the family.

It seems clear that this agency should be *assisting* families in the care of their handicapped child, helping families cope with the medical, physical and emotional realities, thereby enabling that child to remain in the home. There is little evidence that this is the case. Families contacting TASK have received little help; rather, their contact with the agency exacerbates their frustration in trying to find help for their children.

CASE LOADS

In addition to the decline in service levels, it is interesting to note that the case load has remained the same for the past several years. Orange County is, and has been for the past several years, a rapidly-growing area experiencing considerable commercial and residential expansion. This raises the obvious question of why there has been no change in case loads. CCS guidelines state that they will "actively seek out handicapped children." Given the level of county growth, an active search and serve outreach would certainly have impacted on case loads and, concommitantly, expenditures.

FUNDING LEVEL

The level of CCS funding is predicated on the assessed valuation of Orange County. County residents are well aware that property valuation increases annually, yet the CCS budget remains static. A minimum of one-tenth of a mil (based upon assessed valuation) is required for the county's budget. This amount is then to be matched by the state. Verification of the accuracy of this has always been difficult. Working on behalf of parents, TASK has made numerous requests of the county CCS administration during the past several years to obtain information relative to budgets and program operation (all of which should be a matter or public record). Federal funds were withheld from the state (June 1982) for non-compliance concerning fund allocations/budgets. Many of the issues addressed in this testimony have been litigated; yet the problems remain.

It has proven to be so difficult and time-consuming to get information that we have been forced to work through the office of an Orange County Supervisor.

SUMMARY

A review of our records indicates that all parents contacting TASK for assistance with CCS related problems were referred by either an agency (other than CCS) or another parent. The Orange County Grand Jury is currently undertaking a study on CCS services, prompted by letters from parents trying to secure services for their handicapped children. These parents felt that this was their only recourse since efforts to work through the CCS agency, both at state and county levels failed.

The CCS program was one of a few selected for "block-grant funding" at the State level. The move was defeated; however it will be initiated again in the next fiscal budget. Our experience indicates that "block-grant funding" would simply add to the existing problems. Mandates would be void, and services rendered would be at the discretion of the county.

Chairman MILLER. Next, the committee will hear from Emma Jane Riley, who is a volunteer in Orange County. I would like to tell the committee that such a description certainly understates Emma Jane's activities. Both she and her husband, Marine Gen. Tom Riley (retired), have been involved in voluntary organizations for many years and have supported organizations for children in this county for a considerable period of time.

I recently had the pleasure of attending a dinner in recognition of both General Riley and Emma Jane, on behalf of children in this county.

Welcome to the committee. It is a delight to introduce you.

STATEMENT OF EMMA JANE RILEY, VOLUNTEER, ORANGE COUNTY

Ms. RILEY. Thank you very much. I am Emma Jane Riley, and I am very honored to appear before this select committee.

I am particularly gratified that you asked me to share my perspective as a volunteer. There are many exceptional public and private agency professionals in Orange County. I am certain they would all agree that volunteerism has helped to provide more and better service to the youth and families of our county.

When we arrived here 19 years ago, Orange County was essentially a rural community dotted with urban areas in the central and northeastern sections. Since that time the county has grown faster than any other in the State, with 83 percent growth in population from just over 1 million to approximately 2 million residents today.

The business community has grown at a similar rate, providing nearly half a million jobs in the county in the 9 years since 1974, and creating a market of over $14 billion in taxable sales annually.

The problems facing children and families have grown with the community, while the number of children under 17 has increased slightly since 1970, the number of divorced adults has nearly tripled during the same period, from 47,450 to 127,950, creating a major population of single-parent families.

The number of families with both parents working has increased dramatically as appreciating land values have forced housing prices out of the reach of many. In the 3-month period ending October 31, the median price of a new home in Orange County was $134,917. This phenomenon often leaves older children unattended after school and parents unwilling or unable to contribute much to the family's growth and development.

Finally, in the post-Vietnam war years, Orange County has become home to an estimated 47,000 Indochinese refugees—that figure may have gone up higher than that—adding to our cultural diversity, but also increasing the need for public and private services.

Set in this background of dynamic change, several of the organizations I have volunteered with have developed unique programs to meet the growing needs.

The Assessment Treatment Service Center, a nonprofit agency, has developed a juvenile diversion program designed to "arrest the problem, not the child," as their motto states. The program makes full family participation mandatory and is provided free of charge. Over 5,000 participants have received services since 1975. The program is funded through private donations, and receives no county, State or Federal support. Some 285 volunteers gave over 8,000 hours of services to ATSC last year.

Two organizations, the Women's Transitional Living Center, WTLC, and Human Options, provide shelter and services to battered and abused women and their children. In addition to temporary shelter, WTLC offers crisis intervention counseling, job counseling, parenting groups, and a referral service.

Last year, 267 adults and 389 children found a haven from mistreatment at WTLC. Donations and a small number of client fees allowed WTLC to match 91 percent of the Government funds they receive. Volunteers make this cooperative funding possible.

Human Options, a more recent South County community effort, was founded in 1978 by a group of concerned citizens, and was in-

corporated as a nonprofit agency in 1979. They began by providing emergency shelter and operating a hot line.

From May 1979 to May 1981, they served 1,000 people. In 1981, they made commitments to acquire a permanent shelter. Thirty groups including Flour Corp. and the Irvine Foundation contributed to their cause.

An innovative grant from the United Way also aided their effort. In 1982, they opened a shelter, and have served 125 women and children, counseled 158 people and provided information and referral for 1,600 more. Since the opening of the shelter 30 volunteers have given 3,000 hours to aid the victims of domestic violence.

The Canyon Acres Residential Center is a nonprofit organization located in the Anaheim Hills. They provide long-term residential treatment for abused and emotionally troubled children, ages 6 to 12. Counseling for the youngsters and their families is provided with a primary goal of returning these special children to a "strengthened" family environment.

Volunteers are active in fundraising to offset the reduced availability of Government funding. As this is one of the very few agencies that deals with this age group, the efforts of volunteers are critical to maintenance of this service.

Probably the greatest example of a successful public-private partnership project is Orangewood, Orange County's new home for dependent children. For years our abused and neglected children have had a temporary home at Albert Sitton Home. Crowding was inevitable with the growth of the county, and so a dream was born. If the county and the private sector could combine forces, perhaps a new facility would be possible.

With the help of literally thousands of volunteers like me, over $5.5 million has been raised to date on a goal of just over $6 million, with final success only months away. These privately contributed funds, combined with nearly $1.5 million from the county, will provide the answer to many prayers and pride to both public and private sectors of Orange County.

In closing, I would like to express my optimism about the growing awareness in young and old alike of the responsibility that the community has to work with Government to provide the services so needed by our children and families.

Thank you for the opportunity to share with you. I am available for your questions at any time.

Chairman MILLER. Thank you very much for your testimony.

Congressman Patterson.

Mr. PATTERSON. Thank you, Mr. Chairman.

Mrs. Riley, it is no secret you have been a volunteer for years and have done marvelous things. I personally appreciate your longstanding commitment to volunteerism. I think that that partnership between the public sector and the private sector is about the only way we seem to be able to stretch the money to meet at least minimal needs for children and families and yet it does not seem to be enough.

In your experience, is this true and in the various organizations that you have been involved in, is it always—how do you shut off the demand? If you can't shut off the demand, where do you stop with the commitment, if you will, to run out of money?

Ms. RILEY. Well, I think a long time ago I set certain goals for myself and I notice there is a pamphlet here from Child Health. I have been interested in that from the inception. And Orangewood is a little pattern to building.

They all want to look at Child Health. We also have a retarded niece and I think that over a period of many years, she is in her thirties now, and I think that we realized from the very personal experience the help that we needed because we were in the service and they did not have much of facilities available.

Mr. PATTERSON. Well, we certainly wish we had about a thousand of you here raising money in Orange County and we appreciate that very much.

Reverend Nguyen, as I understand the latest statistics and your testimony, was that since 1975 about 1 million Southeast Asians have moved to the United States as refugees and over 70,000, I think you indicated, now live in Orange County. This is important for me to explain to my colleagues, that Orange County has maybe 1 percent of the national population, and it has 8 percent of the Southeast Asian population. This means we are picking up a relatively large share of the country's refugee population, 8 times the national average, if you will, in terms of meeting the needs of Southeast Asian refugees.

Now, with that background and what you have been doing in your capacity at the Vietnamese Youth Center, how do you find you are able to stretch the services you have?

Are you meeting the needs? Are you falling beind? Do you see us getting ahead?

I know that many among our Vietnamese population are still on some form of public assistance. What do you think is the most important thing that you are focusing on that will draw the Vietnamese refugee into the society so that the public assistance won't continue to be needed?

Reverend NGUYEN. I think the most important thing is employment. The jobs in society is not just only doing something, but jobs in this society provide many other things, health care, dignity, happiness in the family. So I say employment is the most and the crucial issue.

But for the Indochinese marketable skills are very difficult because many of them come from a rural community. Agriculture was the part of their life. Now then you move to Orange County to urban areas in the United States and it is a highly technical society. Many of them move from 19th-century life to 20th-century life.

So it is very difficult to cope with these problems. So at the youth center we have been able to gather Vietnamese professionals. Most of them are engineers who set up a job training program in the last 4 years and we trained them in electronic assemblers and technicians and machine operators and this year we received a grant from the United Way to help develop this program.

Mr. PATTERSON. How about language skills in the schools, training of children?

Reverend NGUYEN. The English language is perhaps the biggest problem because many of them or all of them did not speak English before they came here, and when they came here, they had to pick up the language.

We do have ESL, English as a second language, classes in schools and different community organizations and agencies to help them to learn the English skill, so they can find a job.

It is very important for them to know enough English to get a job and the same thing with the children. As I mentioned in my testimony, the younger children are doing OK, because their mind is still very clear and they pick up the language faster than the adults.

So, the young people, the older children from 13 to 18 or 20 years old, have a very difficult time because of the ability to cope with the English language, and second, the question of identity, the time that they develop their identity and they don't know whether they are American or Vietnamese and it is very difficult for them to cope with.

That has an impact on the families because children in Indochina tend to respect their parents a lot, and when they come here and they talk about this land of freedom, they just forget it. They can do whatever they want, especially in this society, traditional values or spiritual values are disintegrated, but when we talk about family, we talk about what kind of family?

I am using the term in a traditional definition of family, but when you scrutinize the issues, it is very complicated. Even a total family is difficult to find, so they are thrown into a confusion of definition, values, language, marketable skills and it is very difficult for them.

Mr. PATTERSON. You mentioned the demise of the extended family in the Vietnamese community and, of course, in this country, many years ago, I suppose now we used to have grandparents, parents and children all living in the same household. That is rare today.

What is the prospective cross-section of a family unit, refugee family unit here in Orange County today, what composition? Would there be several generations? Is it primarily just the parents and children?

Reverend NGUYEN. One of the reasons why Orange County received more Indochinese refugees is the extended family. They have to live not in the same house, but maybe they live in the same apartment complex or same neighborhood.

So, they do try to keep their extended family system together by living close by. For the Indochinese, jobs are important, but the extended family is important, the family unit. If a person is offered a job $4,000 or $5,000 more in another place, that person will choose to stay here to be close to their family, so, in a sense, they do have some sense of extended family, but because of the pressure of the society, two families cannot live under the same roof, so they have to scatter and that has an effect on the extended family, and children are learning independence and they discard the values of extended family.

And when they get a job somewhere, they pick up and go. Only the older people would emphasize the values of extended family.

Mr. PATTERSON. Thank you.

Chairman MILLER. Mr. Marriott.

Mr. MARRIOTT. Thank you.

I enjoyed the testimony of all the panel witnesses, and I just wanted to say to you, Reverend, I think you really hit it on the nose when you talked about the extended family. We can learn a lot from the Asian community in terms of family values.

I think we have lost it in this country. I doubt we will ever solve our problems, as difficult as they may be, as long as 50 percent of the population of America get married, have children, and get divorced, and as long as that scenario goes on, we are going to be holding these kinds of hearings until the second coming.

And so, I think we have to go back and reevaluate what causes these problems and how to get the traditional family values back in line.

You mentioned, I think, the idea of prevention. We had a hearing a few months ago in Washington where we had a lady come before us who had a job. She worked. Her car broke down. She needed $500 to get the car fixed.

She couldn't find $500. The family wouldn't help. She was divorced. The parents of the husband felt no responsibility. The husband felt no responsibility. Her brothers and sisters felt no responsibility. She testified before our committee that she has now collected $50,000 in welfare for the sake of a $500 car repair bill.

I think this committee would do well if we honed in on ways to prevent these problems and maybe reformed our system a bit to deal better with some of these issues.

Now, just a couple of questions.

You mentioned Public Law 94-142, and Public Law 95-605, 142 is administered by the Office of Education, and 602 is administered by Health and Human Services.

If we had one agency back there that administered all these programs for the handicapped would that make your life any better? And second, how much of your problem is a problem of the State administration of these problems rather than a Federal problem?

Ms. BLAKEMORE. Addressing your first question, a lot of the problems we see are due to lack of interagency coordination, both on a State level as well as a Federal level, whether you are talking about the juvenile justice system versus education, or CCS versus education.

So, there is a tremendous need for some sort of interagency coordination, whether it is through one sort of super-agency, as I have heard the term referred to, that weigh coordinating or simply better working relationships between the two agencies that have some responsibility.

The problems we see are both Federal and State problems. Some of the problems I referred to today are problems with State administration, but those aren't the total of what we see.

A lot of the problems stemming from education had to do with the failure to fully fund 94-142. At the most, that act has been funded at 40 percent of the statutory authorization and that amount has been decreasing rather than increasing over the last several years.

It is very difficult from a school district standpoint to implement that Federal mandate and fully provide those services without the appropriate kind of funding and assistance from the Federal Government that was initially promised.

Mr. MARRIOTT. Has the State of California used any of its money or block grants to replace any of those lost Federal funds?

Ms. BLAKEMORE. California right now is not fully funding education right now. This last year was the first year that we saw a real realization of the problems of education and some increase in funding, but that was funding that was for general education, and we have the split system where we are dealing with general education, and special education is something different.

The deficit for special education is in the millions of dollars currently in California, so we are not seeing a sort of supplanting of the State eligibility of what is required by the Federal law.

Mr. MARRIOTT. One final question to you, Denise.

I can relate to your problem because I have seen it before, but let me ask you this question: How was it that you wound up without any insurance? Your husband came from the military to the private sector. How was it that you wound up in a dilemma where you didn't have personal life insurance or catastrophic major medical insurance to help with your problem?

Ms. OJALA. He was in between just getting out of the service and Greg was 2 months early. He was just starting another job.

Mr. MARRIOTT. I thought under current law, someone was responsible for that. Did you just wind up in a situation where somehow you failed to provide insurance? Was this an oversight on your part? The day you left the service, you wound up without any insurance at all?

Ms. OJALA. That is correct.

Mr. MARRIOTT. This was not a preconditioned situation, right?

Ms. OJALA. We didn't know he was going to be born with birth defects until he was born.

Mr. MARRIOTT. Who covered the maternity costs?

Ms. OJALA. We did.

Mr. MARRIOTT. Where was your husband employed when you became pregnant?

Ms. OJALA. In the U.S. Marine Corps.

Mr. MARRIOTT. I don't understand this.

Chairman MILLER. Am I correct in assuming that you thought your husband would be reemployed by the time that your son was born.

Ms. OJALA. Correct.

Chairman MILLER. He was born prematurely and since most insurance policies have some kind of waiting period before coverage takes place, there sometimes could be a 30 and 60 days delay even if you are employed.

Ms. OJALA. Right. They will not insure for pregnancy.

Mr. MARRIOTT. When you left the service, how far along were you in your pregnancy?

Ms. OJALA. Seven months.

Mr. MARRIOTT. I think the Federal Government has an obligation.

[Applause.]

Mr. MARRIOTT. Having been in the insurance business for 100 years, we always had to pick up those situations under private insurance. So when you left, the preexisting conditions were picked up. Pregnancies were picked up.

Ms. OJALA. Greg was not born at the time when Gary got out of the service. He was due to start a brandnew job in the public sector within 3 weeks of his release from the service. Greg was born in those 3 weeks where we had nothing. The U.S. Marine Corps said "Tough. We are not paying this."

Mr. MARRIOTT. But if you had insurance with one of my old companies——

Ms. OJALA. But we didn't.

Mr. MARRIOTT. But I am trying to make the point if you had insurance with one of my old companies and you terminated and you were 7 months pregnant, that company would have to pick up that maternity benefit. Why doesn't the U.S. Government?

Mr. PATTERSON. They are not insured with your insurance company.

Ms. OJALA. I wish we had been.

Mr. MARRIOTT. Then you picked up insurance 2 weeks later.

Ms. OJALA. But there was no way they were going to pay for all that.

Mr. MARRIOTT. That is correct because they were excluded for a preexisting condition.

Ms. OJALA. Correct.

Mr. MARRIOTT. Well, you are between a rock and a hard place. I think that is something we ought to look at as to what the Government's responsibility is.

[Applause.]

Chairman MILLER. Earlier, I believe it was Congressman Coats' and Congresswoman Schroeder's task force hearing on military families where we learned that when people leave the service they often leave without insurance, without any unemployment benefits and the problems are pretty severe unless they are medically eligible for retirement. I think this testimony has been very, very helpful.

Congresswoman Boxer.

Mrs. BOXER. Yes, Mr. Chairman.

I wanted to thank you for being so open and candid with us, Denise, on your personal problem. I think this is probably one of the most critical issues, Congressman Marriott, that we are facing because there are millions of families that just do not have health insurance today. They are just barely making it with their other problems and with the rising costs and employers that don't seem to have the means to provide their share. We have so many families falling between the cracks. We just never really plan for catastrophes and when they happen, as in your case, you had to declare bankruptcy. I can imagine someone like yourself with so much pride in your family and what you are doing. It has to be a very difficult time.

I am sure it puts a tremendous stress on the family unit and on the marriage.

I would like to ask the reverend a couple of questions. First, I am interested in your own personal situation when you came to this country and what your background is because I am very impressed with the depth of your testimony.

Reverend NGUYEN. I came here a few months before the refugees came here so I was not a part of the exodus in 1975.

Mrs. BOXER. What year did you come?

Reverend NGUYEN. I came in September 1974 and the refugees came here in April 1975.

Mrs. BOXER. I wanted to ask you a question because I am rather appalled at something in your testimony in which you said that many of the young people are thrown into classroom situations where they maybe had the equivalency of a third grade education and they are thrown into an 11th grade situation. Are many of these young people not getting any training in the English language, any special teaching of English through the Government or through the school system? Are they just sitting and listening to something that they can't even understand?

Reverend NGUYEN. They do have ESL classes for them, but you know the education in this society is not receiving a lot of support from anywhere so that is a problem. They do not have enough teachers. They have too many of them and there are too many refugees that they cannot cope with and especially when these refugees came here with a lot of problems so it is a very hard thing to study.

Mrs. BOXER. So they are getting English as a second language, but are you saying that the program isn't funded adequately to provide enough teachers and enough individualized instruction to bring them up?

Reverend NGUYEN. Right.

Mrs. BOXER. Therefore, they are not learning the language and they can't absorb the culture and the problems which you discussed followed.

Reverend NGUYEN. That is correct.

Mrs. BOXER. Mr. Chairman, I think this is a very critical issue. The House did pass some emergency legislation which I believe was offered by Congressman Wright, to help with education for the immigrant population. I hope that we can see to it that the programs are directed to that population. That concludes my questioning.

Reverend NGUYEN. Thank you.

Chairman MILLER. Congressman Fish.

Mr. FISH. Reverend, I am very glad to see you here today. The last time I visited your church, it was on Good Friday in 1981. Is Father Fletcher Davis still with you?

Reverend NGUYEN. Yes, but no. He will be leaving the parish in January and he will be moving to a new parish north of Los Angeles.

Mr. FISH. Do say hello to him for me, please. At the time, Mr. Chairman, Father Fletcher Davis told us in his judgment the key to refugee self-sufficiency is language training, and in your church—we saw 200 refugees taking English as a second language program.

Reverend NGUYEN. At that time, we also taught mutual assistance associations, groups of refugees who had been here longer than new arrivals to try to help in the resettlement of their fellow countrymen because we recognized then the need for a support network for those who were coming here. Do you still have those classrooms in the church, the ESL?

Reverend NGUYEN. Yes. We still have the classroom in the church facilities.

Mr. FISH. There are a couple of things that I could pursue. We have the Refugee Act of 1980 to be reauthorized for 3 years. The House has enacted it, but the Senate hasn't and probably won't until next February so that I will be able to look into exactly where we stand on the bilingual vocational training. I gather that what you are talking about, though, is not the refugees that have been here for several years but the new arrivals who came in sometime in the last year and a half to 2 years and are having problems with the English language. Is that correct?

Reverend NGUYEN. Right. Most of the refugees who came here in 1975, 1976, and 1977 came from a well-to-do community, elected officials, people who used to work for the American Government so they have basic skills. They do have the connections to the American society through their American friends, but the people who came later usually came from a very agricultural background, a farming or fishing community.

They have a harder time to cope with American society. This is a very highly technical and very complicated society and it is very hard to have a feeling and find a place in the society.

Mr. FISH. I don't mean to be facetious, but I couldn't help looking over your suggestions, shelter for abused spouses, supporting community organizations, counseling services for children and families. This could be written about any group. It could have been spoken by any one of our witnesses. It is not a unique problem with Indochinese refugees. In other words, they are getting caught up in the same hangup that everybody else is.

Having said that, your first suggestion is providing special temporary shelters for abused spouses. By special, do you mean that you want these shelters to be different from other shelters and just for Indochinese spouses?

Reverend NGUYEN. I have a second sentence saying providing bilingual staff in existing shelters. There are refugees who don't speak English at all and it would be a headache for a staff in the shelters if you have them there. So I think we should have a special center or place for them but the people who can speak English, they should be a part of the existing shelters where English is the language.

Mr. FISH. I am really surprised that English is the problem it is because I thought we dealt with that and now all refugees coming from Indochina would spend some time in the Philippines where we have a special camp just for the purpose of giving them some cultural orientation and English language training before they came here?

Reverend NGUYEN. They do receive some cultural orientation and English training but you have to look at the problem because most of the teachers are foreign-born, English-speaking teachers so when they come here, they have to learn American English. Even if you learn English with the British, when you come here, you have to learn American English. California English may be different from Bostonian English. So for the refugee, it is very important for them to know these problems in various communities in American society, especially the language.

Mr. FISH. I can sympathize. After 15 years in the House of Representatives, I still have colleagues I can't understand.

No. 4, supporting cultural education, does that refer back to your statement that new cultural identity is needed for these young people so that they can find a cultural and psychological balance?

Reverend NGUYEN. Right.

Mr. FISH. What do you mean by cultural issues?

Reverend NGUYEN. The Indochinese-American who both have American and Indochinese cultures, they have a new culture which is forged in American society when they know more about computers than water buffalos; when they know more about technology than their families. Where they respect more their peers than their grandparents. So this new culture is forced upon the Indochinese refugees and they learn to know the dynamics of this new culture. Not only for Indochinese, but I think for all immigrants when they come here, they are faced with this problem of a new culture. It is not American and it is not Vietnamese or Laotian. It is not Armenian, but it is a new culture which has to do with American realities, but it also has to do with their past experiences.

Chairman MILLER. Congressman Sikorski.

Mr. SIKORSKI. Doctor, are you familiar with the Indochinese population in Minnesota?

Reverend NGUYEN. I am familiar, but I don't know all the issues.

Mr. SIKORSKI. We have the largest concentration of HIMONGs in the Twin Cities, notwithstanding the fact that it was 30 below zero on Saturday. They have not had a written language of their own until recently, so we have an educational problem in terms of learning English that requires another step of learning their own language and then transferring it from that language to the English language. Also, because they were our so-called secret army and were not part of the general culture in Southeast Asia, they have been in special refugee camps without ed programs. Now where these young people are now entering into our school systems and have, for 5 to 8 years, had no supervision or supervised educational experiences.

I share with you and others who express concerns about insuring that we have resources in those educational programs because that is the bridge to a full and productive life in a new country.

Chairman MILLER. Congressman Wolf.

Mr. WOLF. Thank you, Mr. Chairman.

Reverend, I particularly appreciate your testimony. In my congressional district, we have about 20,000 to 25,000 Vietnamese refugees. I represent Arlington and Fairfax Counties, just outside of Washington. We have set up some of the very suggestions that you might have and I think your testimony is right on target. We have the funding for the bilingual vocational education and have set up programs for new arriving adults. The emphasis is on learning the English language and a trade like auto or computer mechanics.

I have noticed precisely the trends you discussed in my district. The first wave that came were the high-ranking officials and the second and third waves were less educated. Maybe someone here in Orange County might want to take a look at what we are doing in Arlington and Fairfax Counties because I believe we are successfully mainstreaming these people into the American society.

Have you been back to Washington lately?

Reverend NGUYEN. No.

Mr. WOLF. We have an area called "Little Saigon" in Arlington. The people have really integrated well into the community and there are a lot of outreach programs to help them along and I believe they have been quite successful. Some have been funded at the Federal level, but a lot have been funded at the local level.

I want to thank the panel, particularly Mrs. Riley, for the fact of the importance of the volunteer. We had a witness up in Salt Lake who I did not completely agree with. She had expressed that everything you do, you have to have a paid staff person there and I don't think you really do. In political campaigns, we have volunteers and so many other things that we have done in my area—which is a very competitive area—were based on the efforts of volunteers. We have a lot of two-parent families both having to work in Orange County and my counties. Arlington and Fairfax are very high-cost housing areas and to keep up with the Joneses is pretty tough and yet we have a lot of volunteers and I want to commend you, and the individual who had to leave early, because apparently you don't get paid; is that correct?

Ms. RILEY. Yes.

Mr. WOLF. Mrs. Forbath does not get paid, and I want to commend you, and for anybody listening I believe the more volunteers we have we can make a tremendous difference. Thank you very much.

Chairman MILLER. Congressman Weiss.

Mr. WEISS. Thank you very much, Mr. Chairman. This was such an outstanding panel, such eloquent testimony, that I really want to take the occasion through them to commend people by the millions, I guess, in this country working both as volunteers and working for various levels of government and private agencies which pay their staff people for the work that they do in dealing with the problems of our society on a regular day-in-and-day-out basis.

I especially want to commend you because you are swimming upstream in this particular political climate, as is this committee, for that matter. Each of you one way or another has to refer to the difficulty that you have had in contending with the cutbacks. You have been faced with this over the course of the last few years.

I don't know if I have a question along these lines, but I certainly want to comment on a statement that was made by the President sometime in the course of the last week or 10 days, which when I first read it I couldn't believe that he said it. He was referring to the fact that over the course of the last 50 years or so this whole panoply of social welfare programs has been devised to deal with the problems of our society, and then he pointed out the fact that there were so many more problems that we have today, and then drew the conclusion that the reason that we were having these problems was because we had addressed them.

It sort of reminded me of the old joke about somebody being told to cheer up, things could be worse, and sure enough I cheered up and things got worse. It just seems to me that that must be a very difficult kind of thing, especially for those of you who are dealing with these seemingly insurmountable problems that come flooding at you day in and day out to have government at the highest levels not seemingly aware of what the needs are.

I wonder whether any of you would like to address how you deal with this? Does it create a morale problem? How do you contend with not just having to dealing with the problem but having to deal with the lack of support, never mind funding support, but the lack of understanding of what you are dealing with?

Ms. RILEY. I think that probably, to go back to some of the things that we were talking about, it was very early training on my part. My parents felt that I was born and I was a little more fortunate perhaps than other people, and so I had a bigger responsibility. There are people—I've met lots of them—who do have a built-in sense of responsibility and perhaps love of their fellow man, and others do not. And I think that, tragically, for all of us today maybe we don't love enough or love our country enough or feel responsible for it.

We Americans had a growing-up process to go through and be responsible adults. We should feel that we have a responsibility to our country and to our faith, our God and all these things, and I have met a lot of people today that unfortunately don't feel that way.

So I think if we could go back to some of those older values where we had hope for the future and hope for our children and our families, it's actually some simple answer for very complex problems is about the only way we can go with things today, because I can't solve all of the problems but I can certainly make my little attempt. I can't answer your question but I can give you my opinion and my hopes for the future.

I know my husband's and my hope for Orange County is very strong. That is why we have both taken an active part in it. There are a lot of other people who feel that way.

Mr. WEISS. Ms. Blakemore, I wonder if in reciting the problems—and Ms. Ojala also recited problems of the California Children's Services—it's obvious that, aside from the normal bureaucratic problems that you had with any bureaucracy that when an agency deals in the fashion that you have described in cutting back and indicating the problems from cutbacks, that there must be a reason for it. They are not doing it just to be perverse. Why would you suggest that, in fact, with these additional constraints which have been exercised?

Ms. BLAKEMORE. There are probably two basic problems I can identify. One is that CCS, during the last several years, has gone through a serious financial problem of its own as an agency, and that there has not been the same kind of money that is needed to address the problem. As a result of it, there have been cutbacks in services.

The other problem that recurs all the time with CCS is the overlap between what that agency is mandated to do and what other agencies are mandated to do, and a lot of infighting between the two agencies over whether it is the school district's responsibility or whether it is CCS's responsibility to provide therapy services, for example.

So you are getting a lot of this overlap and when there is not enough money from an agency perspective to serve that, they want to shift the responsibility to someone else they think is responsible

for providing that service, and huge gaps in the services can develop because no one is providing that particular kind of service.

Mr. WEISS. Finally, you refer to the failure of the Federal Government to follow through on the mandate of 94-142. You know that interpretation itself is subject to some questions. I sometimes have this problem with my own constituents in the educational area. They suggest to me that if it was not for the Federal Government they would not have had to get into this field at all. The Federal Government came in and made the mandate and then did not give them the money.

The fact is to my recollection that it was a challenge to the failure of the State to provide services on an equal basis to handicapped kids, and they were providing nonhandicapped kids and the Supreme Court ruling that in fact there was a State obligation so that it was not 94-142 which created the mandate.

The Supreme Court had said that the State educational agencies had that mandate to begin with. The Congress then came along and adopted 94-142 by way of trying to provide some support along those lines. Isn't that your understanding of the situation?

Ms. BLAKEMORE. I think what you have said is accurate. There were court cases and Congress then recognizing that as a result of these court cases and a lot of testimony of children not being served at all, that there was a gap, and 94-142 is clearly needed as a means of getting the mandate.

What I was addressing, however, is the fact that in the statute itself it addresses the funding level for that particular bill as a way of assisting the States in meeting their obligations, and those funding mandates in the bill have never been met by Congress, which makes it difficult for the States to carry out that mandate.

Mr. WEISS. I appreciate that, except the problem I had, not with your statement but with the States, of turning around and acting as if in fact they don't have the responsibility. Public Law 94-142 was a way of helping them meet their obligation. It was not the Federal Government's obligation. It is their obligation, and it ill behooves them to turn around and say, "Well, the Federal Government isn't giving us support, so we can't do the job which we were mandated to do in any event."

Thank you very much, Mr. Chairman.

Chairman MILLER. Thank you. Congressman Patterson.

Mr. PATTERSON. Mr. Chairman, I thank you for being recognized. Since it is my district, I get a little extra privilege here and there. The two panels we have heard this morning have been just excellent. We have two more that are equally excellent. We are going to break for about 30 minutes and then come back.

I wanted to state, at the back, on the table as you came in, there is a statement on a bill that I introduced just the day before we went out of session and passed it on to some of my colleagues here, and I'm lobbying them on behalf of the bill.

What it is is H.R. 4465, which would provide a child-care tax credit to employers who either provide the service or contribute up to $1,200 a year. It is an excellent bill. I would like to have you all get familiar with it and give me your reaction to it. Again, I would like to thank this panel and the others.

Reverend NGUYEN. Mr. Chairman, I would like to say one more word about some programs which not only influence or have an impact on Vietnamese families but families of the MIA's in Vietnam. The TV program entitled "Vietnam, a Television History," was funded by the National Endowment for the Humanities, and it is very biased toward the Vietnamese who fought and the Americans who died in Vietnam, and very biased against the cause in Vietnam, and I'd like to register my opinion.

Chairman MILLER. Thank you.

The committee will stand in recess for about 30 minutes.

[Whereupon, at 2:45 p.m., the select committee recessed to 3:15 p.m. of the same day.]

Chairman MILLER. The select committee will reconvene. We will hear from members of panel No. 3 who are here. Would Betty Shaffer, Nancy Claxton, Ismael Camacho, and Karen Wynn come forward. Would Jose Torres, who was in the first panel, also please come forward and join this panel.

STATEMENT OF BETTY SHAFFER, CHAIR, CHILD CARE ADVOCATES OF AMERICA, ORANGE COUNTY

Ms. SHAFFER. I am Betty Shaffer of Child Care Advocates of America.

Chairman MILLER. Again, your entire written statement will be made a part of the formal record of this hearing. If you can summarize, we would appreciate it.

Ms. SHAFFER. On behalf of our organization I would like to thank this committee for the opportunity to address you today on the important issue of child care, because this issue is directly related to the quality of life for millions of American families in the Southwest and throughout the United States.

Our organization was formed in March 1983 as the result of the tragic death of a 5-year-old boy, mistakenly shot by a police officer, when he was left alone by his mother who could not find affordable child care while she worked to support them both. Since that time we have devoted our energies to educating ourselves and the public on the need of families to have their children cared for in a nurturing, safe environment while parents work, and to mobilizing the community to action on this critical need.

No social or economic issue facing the country today touches the future of our Nation more directly than how we care for our children. This is a particularly sensitive issue because of the traditionally held view that parents should care for their own children and the related perception that making quality child care available to parents is disruptive to the family structure because mothers would stay home if child care were not available. Another perception is that child care is somehow a socialistic concept and therefore threatening to basic American values.

Such viewpoints ignore the realities of today's social and economic conditions. We are clearly an urban society in which most mothers work out of necessity, either because they are single parents or because it requires two salaries to support the basic needs of the family.

Orange County is a representative example of these new realities of the American family. In Orange County 56 percent of women are in the work force. Approximately 60 percent of children under 8 have working mothers. In this county 48 percent of all marriages end in divorce. In 95 percent of the cases the mother is awarded custody of the children, but within a year 80 percent of divorced fathers are not paying child support on a regular basis, thus shifting responsibility to the mother.

Only 10 percent of all women with full-time jobs earn more than $15,000 a year while child-care costs average $45 to $75 per week per child. A single mother may pay over 50 percent of her earnings on child care. There are 11,000 children on waiting lists in Orange County for subsidized child care, but only 1,700 spaces are available.

Of those on the waiting lists, a 1980 study showed that 80 percent were single parents, and over 60 percent were presently employed while 38 percent were either actively seeking employment or in training.

Child care is not merely a concern for single parents, however. In Orange County the median income for a family is $35,000 but the average value of a home is $108,000—1980 census—with mortgage payments averaging $1,065 monthly. Even in an affluent area such as this it takes two incomes to support a mortgage and meet the needs of the majority of two-parent families.

Even when families can afford adequate child care, many times the necessary options for location, hours, or type of care are not available to them.

The result of this imbalance between need and child care resources is that thousands of children are left unattended and become latchkey children. This situation puts tremendous pressures on the family. Parents live with constant concern, guilt, and worry over their unattended or unsupervised children.

As employees they are subject to higher absenteeism, higher turnover, and lower productivity because of their child-care problems. The children who are left alone likewise struggle with feelings of insecurity, fear, and isolation. They are subject to crimes of child molestation, and are often led into mischief or crimes by older children who are themselves unsupervised.

Many of these children are among those that eventually are brought into the Albert Sitton Home for Abused Children. Of the 1,600 children admitted yearly, 35 percent are brought there because of lack of attention or neglect. Of the cases reported to the child abuse registry last year, 1,444 involved children who had no supervision, and 132 were for locking out or locking in. These cases only represent those which were reported. Untold thousands never get into the system to be reported.

Such conditions put stress on parents and children alike and have a profound effect on the quality of family relationships. Moreover, psychologists are just beginning to see the detrimental effect of this lack of adequate child care as this generation of latchkey children reach adulthood.

The alternative that some single mothers choose is to go on welfare so they can stay home and care for their own children, which shifts the cost of care to Government sources. Unfortunately the

Federal Omnibus Budget Reconciliation Act of 1981 contributes to this choice of welfare because of the maximum earned family income allowed to be eligible for aid.

For example, if a woman earns $1,000 per month and has two children under 5, her child-care costs would be at least $360 and her average rent would be $450, leaving her $190 to pay taxes, buy food, pay for transportation, and other necessities. Obviously one does not have to have more than a grammar school education to figure out that it is better to stay home and receive $526 from aid to families with dependent children [AFDC] plus food stamps and medical benefits.

Thus the community loses the taxes on her earned income, Government picks up the costs of medical care which might have been covered through a company plan, and the tradeoff for not providing some assistance for child care is a higher cost to the taxpayer. It is not difficult to see how lack of adequate, affordable child care leads to the feminization of poverty as well.

Because lack of adequate child care puts a burden on the taxpayer, leads to family instability, affects employee productivity, and contributes to other public safety and economic problems, it is in the best interest of the community to assist in the solutions to the problem of child care.

Because of the vagaries of government funding, we feel that the logical place to solve this problem is in the private sector, with support from government in the form of incentives which will encourage child-care resources, and which will not penalize parents who wish the dignity of work rather than welfare.

We recognize that there will alway be the truly needy who will need direct government assistance, but we feel that employers, school districts, churches, private providers, and community organizations, working together on the local level have the best chance to solve this problem if they have the proper support from government in the form of meaningful tax credits, proper zoning regulation and realistic licensing requirements which insure the quality of child care without putting archaic restrictions on child-care facilities.

One of the solutions of greatest mutual benefit from child care is employer-assisted child care. Employers who already provide child-care benefits find profits outweigh costs in the form of reduced absenteeism, reduced turnover, and increased productivity.

Present law allows child care to be written off as a business expense if the program meets the criteria established under the Economic Recovery Act. We would like to see the tax incentives broadened to include tax credits which would be more attractive to the employer.

In addition, we would like to see tax credits for builders who include child-care facilities in their residential, industrial, or commercial developments, so that facilities are available to employers who wish to provide health care.

We would like to see a review of the Federal Omnibus Budget Reconciliation Act of 1981 with the objective of revising the amount of earned income allowed for families needing child care, or a deduction of a percentage of child-care costs form the maximum allowable income.

We would like to see a more generous exemption for child-care costs on Federal income to encourage parents with discretionary income to use it on child care. We are aware of the past efforts on the part of Congress to place a priority on the issue of day care such as the Head Start program, the National School Lunch Act authorizing child-care food program and the Education of the Handicapped Act and the indirect Federal funding for day care pursuant to the Internal Revenue Code.

However, we are also aware that funding sources for day care in spite of the rapid growth of funding in the seventies has come upon severe restrictions in the eighties at a time when the needs in this area are escalating rapidly.

We are also aware and encouraged that Congress is considering new proposals in the area of legislation and funding changes, and we heartily support and sincerely request that these proposals be adopted.

In addition, Child Care Advocates support legislative initiatives that assist the day care programs and strongly urge the enactment of such bills. Thank you.

[Prepared statement of Betty Shaffer follows:]

PREPARED STATEMENT OF BETTY SHAFFER, CHAIR, CHILD CARE ADVOCATES OF AMERICA, SANTA ANA, CALIF.

On behalf of Child Care Advocates of America I would like to thank this committee for the opportunity to address you today on the important issue of child care, because this issue is directly related to the quality of life for millions of American families in the Southwest and throughout the United States.

Our organization was formed in March of 1983 as the result of the tragic death of a five year old boy, mistakenly shot by a police officer, when he was left alone by his mother who could not find affordable child care while she worked to support them both. Since that time we have devoted our energies to educating ourselves and the public on the need of families to have their children cared for in a nuturing, safe environment while parents work, and to mobilizing the community to action on this critical need.

No social or economic issue facing the country today touches the future of our nation more directly than how we care for our children. This is a particularly sensitive issue because of the traditionally held view that parents should care for their own children and the related perception that making quality child care available to parents is disruptive to the family structure because mothers would stay home if child care were not available. Another perception is that child care is somehow a socialistic concept and therefore threatening to basic American values.

Such viewpoints ignore the realities of today's social and economic conditions. We are clearly an urban society in which most mothers work out of necessity, either because they are single parents or because it requires two salaries to support the basic needs of the family.

Orange County is a representative example of these new realities of the American family. In Orange County 56% of women are in the work force. Approximately 60% of children under 8 have working mothers. In this county 48% of all marriages end in divorce. In 95% of the cases the mother is awarded custody of the children, but within a year 80% of divorced fathers are not paying child support on a regular basis. Only 10% of all women with full time jobs earn more than $15,000 a year while child care costs a average $45–75 per week per child. A single mother may pay over 50% of her earnings on child care. There are 11,000 children on waiting lists in Orange County for subsidized child care, but only 1,700 spaces are available. Of those on the waiting lists, 1980 study showed that 80% were single parents, and over 60% were presently employed while 38% were either actively seeking employment or in training.

Child care is not merely a concern for single parents, however. In Orange County the median income for a family is $35,000, but the average value of a home is $108,000 (1980 Census) with mortgage payment averaging $1,065 monthly. Even in an affluent area such as this it takes two incomes to support a mortgage and meet

the needs of the majority of two parent families. Even when families can afford adequate child care, many times the necessary options for location, hours or type of care are not available to them.

The result of this imbalance between need and child care resources is that thousands of children are left unattended and become "latch key children". This situation puts tremendous pressures on the family. Parents live with constant concern, guilt and worry over their unattended or unsupervised children. As employees they are subject to higher absenteeism, higher turnover, and lower productivity because of their child care problems. The children who are left alone likewise struggle with feelings of insecurity, fear and isolation. They are subject to crimes of child molestation, and are often themselves led into mischief or crimes by older children who are themselves unsupervised. Many of these children are among those that eventually are brought into the Albert Sitton Home for Abused Children. Of the 1,600 children admitted yearly, 35% are brought there because of lack of attention or neglect. Of the cases reported to the Child Abuse Registry, 1,444 involve children who have no supervision and 132 are for locking out or locking in. These cases only represent those which are reported. Untold thousands never get into the system to be reported.

Such conditions put stress on parents and children alike and have a profound effect on the quality of family relationships and ultimately on society, including but not limited to the increased cost of social programs. Moreover, psychologists are just beginning to see the detrimental effects of this lack of adequate care as this generation of "latch key children" reach adulthood.

The alternative that some single mothers choose is to go on welfare so they can stay home and care for their own children, which shifts the cost of care to government sources. Unfortunately, the Federal Omnibus Budget Reconciliation Act of 1981 contributes to this choice of welfare because of the maximum earned family income allowed to be eligible for aid. For example, if a woman earns $1,000 per month and has two children under five, her child care costs would be at least $360 and her average rent would be $450, leaving her $190 to pay taxes, buy food pay for transportation and other necessities. Obviously one does not have to have more than a grammar school education to figure out that it is better to stay home and receive $526 from Aid to Families with Dependent Children (AFDC) plus food stamps and medical benefits. Thus the community loses the taxes on her earned income, government picks up the costs of medical care which might have been covered through a company plan, and the trade off for not providing some assistance for child care is a higher cost to the taxpayer. It is not difficult to see how lack of adequate, affordable child care leads to the feminization of poverty as well.

Because lack of adequate child care puts a burden on the taxpayer, leads to family instability, affects employee productivity, and contributes to other public safety and economic problems, it is in the best interest of the community to assist in the solution to the problems of child care. Because of the vagaries of government funding, we feel that the logical place to solve the greater part of this problem is the private sector, with support from government in the form of incentives which will encourage child care resources, and which will not penalize parents who prefer the dignity of work rather than welfare.

We recognize that there will always be the truly needy who will need direct government assistance, but we feel that employers, school districts, churches, private providers, and community organizations, working together on the local level have the best chance to solve this problem if they have the proper support from government in the form of meaningful tax credits, proper zoning regulations and realistic licensing requirements which insure the quality of child care without putting archaic restrictions on child care facilities.

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However, we are also aware that funding sources for day care, in spite of the rapid growth of funding in the 70's, has come upon severe restrictions in the 80's, at a time when the needs in this area are escalating rapidly. We are also aware and encouraged that Congress is considering new proposals in the area of legislation and funding changes. We heartily support and sincerely request that these proposals be adopted. In addition, Child Care Advocate supports legislative initiatives that assist day care programs and strongly urge the enactment of such bills.

In the future, we hope child care will be as commonplace a fringe benefit as health insurance. The direction in which benefits such as these develop are important. Since we do not want to "warehouse" our children, we must see to it that our children are provided quality child care. By quality we mean nurturing, safe, convenient and affordable care. It's become a necessity in the 80's.

Employers who already provide child care benefits find profits outweigh costs.

415 employers across the nation who provide child care benefits were surveyed in 1982. Two-thirds found reductions in turnover. Fifty percent found reductions in absenteeism. Eighty percent found increases in productivity. Ninety percent found enhanced public relations.

One employer stated: "Child care benefits are the only benefits which keep the employee on the job."

One company, Intermedics, in Texas, gave some interesting statistics. They employ 2,000 people and have an on-site child care center for children from 6 weeks to 6 years of age. It is open from 7:00 a.m. until 6:00 p.m. The parents pay 20% of the child care costs.

After the center was open for 2 years, the company experienced a 60% decrease in absenteeism. Parents whose children were enrolled in the child care facility had one-sixth the turnover rate of other employees who had no children.

After 4 years of operation, Intermedics reported a $2,000,000 gain in profits which were directly attributed to higher productivity, lower turnover figures and reduced retraining costs as a result of the child care package.

Employers must help subsidize costs of child care.

For the employer.—An investment in child care yields lower absenteeism and turnover, higher productivity, a competitive edge in labor recruitment and new tax advantages under the Economic Recovery Act.

For the employees.—Child care benefits are non-taxable assets that reduce family stress.

For labor unions.—Child care is a rallying point—a new negotiable issue to raise at the bargaining table.

For community service agencies.—Child care is such a critical need that provider agencies that plan ahead will now be able to build a self-sustaining base of operations, unaffected by changes in public financing.

Options for employers.

Vendor/Voucher Programs.—Child care subsidy plans that assist employees in obtaining existing child care services by reimbursing all or part of child care costs to either the parent (voucher) or provider (vendor). Usually limited to licensed programs or caregivers, these programs may consist of purchasing a designated number of positions reserved for employees. Programs could utilize sliding scale payments and/or income eligibility guidelines.

Consortium Centers.—Off-site child care centers supported by two or more companies which share expenses and program administration, could be developed by companies engaged in similar business.

Family Day Care Networks.—Develop a coordinated network of licensed family day care homes to serve employees' children, operated either by the company or contracted by existing social service or family day care associations.

Care for school-aged children during summer vacation and/or school holidays.—Includes sponsorship or contributions to summer day camps, recreation/activity programs or other child care services.

Transportation.—Provide transportation for employees' children between the worksite and child care site.

Corporate Donations.—Companies offer in-kind service equipment or dollar donations to existing or developing child care programs. (Start-up funds, capital outlay and low interest loans are especially helpful.)

From: State of California Report on the Impact of the Omnibus Budget Reconciliation Act of 1981 on the Caseload of Aid to Families with Dependent Children in California.

Selected Economic Characteristics of Families With Earned Income

In the determination of initial and continuing eligibility for AFDC, the welfare agency considers the income and resources of the childrens' parents or other persons requesting assistance. All types of income must be counted. This includes the earnings of the parents and others in the assistance group, certain nontaxable income such as Social Security and Unemployment Insurance Benefits, as well as noncash income to which a monetary value is assigned (in-kind income).

Most of the families who receive AFDC do not have earned income. Of the families that do, earned income is the only source of income, other than the AFDC grant, in more than 90 percent of such cases.

To determine the amount of the AFDC payment, the county welfare agency perpares a budget for the family. The major elements of the budget are: (1) the Minimum Basic Standard of Adequate Care (MBSAC), (2) nonassistance income, (3) the amount of income disregards, and (4) the AFDC payment.

The following series of tables present a comparison of selected characteristics of AFDC families that had earned income at points in time before and after implementation of the additional financial eligibility requirements and the new treatment of disregarded income. From these tables, it can be seen that there were major changes over the period of time covered. Overall, it appears that those families that had relatively high amounts of earned income were no longer financially eligible once the new restrictions on earned income were imposed. However, there also may have been seasonal variations with regard to the changes in the proportion of families that had earned income and the monthly amount of earned income.

Included in the Appendix are the regulations of the Department of Social Services that define what types of payments are considered as income to the family and how the determination of financial eligibility, net nonexempt income, and the amount of the grant are made.

AFDC–FG—AMOUNT OF GRANT OF FAMILIES WITH EARNED INCOME [1]

Monthly amount of grant	Percent of families		
	October 1981	February 1982	April 1982
Total	100.0	100.0	100.0
Lesst than $50		3.2	3.1
50 to $99	4.4	8.1	7.7
$100 to $149	4.4	6.5	9.2
$150 to $199	9.9	8.1	4.6
$200 to $249	12.0	3.2	13.8
$250 to $299	5.5	14.5	12.3
$300 to $349	15.4	8.1	6.2
$350 to $399	15.4	16.0	10.8
$400 to $449	8.8	8.1	13.8
$450 to $499	5.5	8.1	3.1
$500 to $549	11.0	11.3	4.6
$550 to $599	1.1	1.6	3.1
$600 to $649	6.6	1.6	3.1
$650 to $699		1.6	3.1
$700 to $749			1.5
$750 to $799			
$800 or more			
Average grant	$341	$320	$315

[1] Allowances for special needs and adjustments for absent parent contributions paid to county agencies are not included in the amount of grant.

The grant represents the Maximum Aid Payment (MAP) minus the amount of net nonexempt income (gross earnings plus allowable disregards.) In October 1981, the average grant amount for AFDC FG families that had earned income was $341. The average grant amount dropped to $320 in February 1982 and to $315 in April 1982.

Families had less income over the same period. However, due to the new treatment of income disregards, the amount of income disregarded was less; consequently the amount of earned income that was not exempt was more which subsequently decreased the average grant amount even more.

TABLE 20.—RACE OF HOUSEHOLDER BY HOUSEHOLD TYPE AND PRESENCE OF OWN CHILDREN

Universe: Households	Total county	Unive
Total	687,059	95,933
Married couple family	413,574	63,608
With own children	212,240	31,633
Without own children	201,334	31,975
Family with male householder (no wife present)	20,917	2,032
With own children	8,720	899
Without own children	12,697	1,133
Family with female household (no husband)	61,534	6,893
With own children	39,229	4,279
Without own children	23,305	2,614
Nonfamily household	191,034	23,400
Total family households	496,025	72,533

TABLE 2-21.—FAMILY INCOME BY RACE AND SPANISH ORIGIN, ORANGE COUNTY, CALIFORNIA AND UNITED STATES, 1979

	White	Black	Asian and Pacific Islander	Spanish origin
Orange County:				
Total	441,660	5,740	20,377	58,763
Less than $5,000	13,756	211	1,791	4,089
$5,000 to $7,499	12,960	383	902	3,162
$7,500 to $9,999	16,152	281	951	3,502
$10,000 to $14,999	47,602	801	2,111	9,777
$15,000 to $19,999	57,108	972	2,385	9,055
$20,000 to $24,999	61,369	674	2,544	7,704
$25,000 to $34,999	102,724	1,248	4,326	12,929
$35,000 to $49,999	80,250	772	3,868	6,602
$50,000 or more	49,739	398	1,499	1,943
Median	$25,968	$21,500	$23,946	$19,869
Mean	$30,782	$25,409	$25,831	$21,870
California:				
Total	4,720,786	437,405	297,155	997,520
Less than $5,000	234,660	63,828	22,982	97,519
$5,000 to $7,499	224,086	33,107	16,680	79,749
$7,500 to $9,999	299,887	50,202	15,912	100,495
$10,000 to $14,999	603,854	65,875	33,811	180,634
$15,000 to $19,999	615,924	56,823	37,359	163,141
$20,000 to $24,999	647,297	44,871	37,459	135,007
$25,000 to $34,999	988,829	62,435	63,030	149,593
$35,000 to $49,999	682,212	41,987	48,842	68,603
$50,000 or more	424,037	18,277	21,080	22,779
Median	$22,689	$15,410	$22,721	$16,140
Mean	$27,104	$18,988	$25,412	$18,692
United States:				
Total	50,447,534	6,092,694	827,548	3,287,852
Less than $5,000	2,787,414	1,182,862	68,200	453,842
$5,000 to $7,499	2,766,012	673,230	44,565	315,817
$7,500 to $9,999	3,290,715	608,119	45,525	306,156

TABLE 2–21.—FAMILY INCOME BY RACE AND SPANISH ORIGIN, ORANGE COUNTY, CALIFORNIA AND UNITED STATES, 1979—Continued

	White	Black	Asian and Pacific Islander	Spanish origin
$10,000 to $14,999	7,223,147	1,020,274	103,100	600,469
$15,000 to $19,999	7,760,453	817,064	103,835	500,229
$20,000 to $24,999	7,515,791	612,596	108,380	399,284
$25,000 to $34,999	10,258,767	719,560	161,676	447,212
$35,000 to $49,999	5,723,598	343,550	121,727	186,435
$50,000 or more	3,121,637	115,439	70,540	78,408
Median	$20,840	$12,618	$22,075	$14,711
Mean	$24,279	$15,721	$25,681	$17,360

Source: 1980 Census, provisional estimates of social, economic and housing characteristics.

TABLE 2–38.1.—ESTIMATED GROSS RENT DISTRIBUTION ORANGE COUNTY, 1983

Gross rent[1]	Distribution	Percent[1]
Less than $85	141	
$85 to $111	584	0.2
$112 to $140	2,335	0.8
$141 to $168	2,043	0.7
$169 to $210	2,919	1.0
$211 to $238	3,211	1.1
$239 to $281	6,714	2.3
$282 to $351	19,267	6.6
$352 to $422	38,825	13.3
$423 to $492	56,924	19.5
$493 to $563	53,421	18.3
$564 to $704	56,341	19.3
$705 or more	45,540	15.6
No cash rent	3,795	1.3
Total	292,060	100.0
Median	$507	

[1] Contract rent plus estimated monthly cost of utilities and fuels. Single-family houses on 10 acres or more are excluded.

Sources: U.S. Census Bureau, Provisional Estimates of Social, Economic and Housing Characteristics, March 1982. Bureau of Labor Statistics. Real Estate Research Council of Southern California. County of Orange, EIMA-Advance Planning Division.

TABLE 2–44.—MONTHLY PAYMENTS AND HOUSEHOLD INCOME REQUIRED TO PURCHASE A MEDIAN-PRICED NEW HOME IN ORANGE COUNTY, ATTACHED VS. DETACHED, 1980

Interest rate	Attached [1]		Detached [1]	
	Monthly payment [2]	Annual income required [2]	Monthly payment [4]	Annual income required [4]
Percent				
10	$782	$32,844	$1,315	$55,230
11	833	34,986	1,411	59,262
12	885	37,170	1,510	63,420
13	937	39,354	1,609	67,578
14	991	41,622	1,711	71,862
15	1,045	43,890	1,813	76,146

[1] Median prices: Attached — $85,008; Detached — $160,844.

[2] Assumes a 30-year fixed-rate mortgage with 20% down payment, property tax of 1.2% of home value per year, $85 monthly homeowners association dues and $15 monthly property insurance.

[3] Assumes 3.5-to-1 income-to-payment qualifying ratio.

[4] Assumes a 30-year fixed-rate mortgage with 20% down payment, property tax of 1.2% of home value per year and $25 monthly property insurance.

Source: County of Orange, EIMA—Advance Planning Division.

REMARKS BY NINA WEST, CHILD CARE SYMPOSIUM FOR EMPLOYERS, MAY 21, 1982, ORANGE COUNTY, CALIF.

Have you ever stopped to think about what you currently pay for the care of other people's children? These costs crop up in areas that most people never consider. Let me give you some examples:

1. One half the hourly cost of neighborhood shopping center security guards since half their time is spent dealing with the conduct of unattended youngsters. Figure this at $5.00 per hour per guard.

2. Costs of arrests of juveniles who commit crimes or engage in status offender conduct. One police department figures this at 1½ to 2 hours per arrest at $21.00 per hour, including salary, car, and administrative expenses.

3. Family support for AFDC recipients, including ancillary benefits such as food stamps and MediCal; in any given month there are approximately 17,580 such families in Orange County.

4. The cost of Conciliation Court time in dealing with the child care problems of divorcing couples; in 1981, this was 20% of each counselor's time or about $40,000, considering salary and benefits.

5. The cost of time at work when child care problems cause absenteeism, tardiness, early leaving, lack of job concentration, or low employee morale; the costs are hard to calculate since few employees admit to the root of the problem, but we all know they're there.

6. The cost of training new employees to replace those leaving because of child care problems. Again, the costs are hard to calculate because there are few well-defined instances such as the Irvine firm that lost 63 employees in a day because a shift change caused employees to lose their child care providers.

7. The tax money you working parents spend to support municipal after-school and holiday recreation programs with time structures that dictate that only the children of families in which an adult is home can use the program.

This list could be extended ad infinitum to include all kinds of costs to you either for the care of other people's children or the results of lack of such care. Child care in *NOT* a social issue. It is a issue of major economic and public safety significance. It impacts employers in terms of available employees, turnover, absenteeism, tardiness, early leaving, and employee morale. It impacts crime statistics and measures taken to prevent juvenile crime. It is an issue in both employment and educational opportunities for adults, and, in the long run, for the children of those families that need child care. Lack of care decreases the purchasing power of adults who would otherwise be earning money to spend on houses, consumer goods, and services.

Let's look at some of the statistics that demonstrate the need for child care in Orange County. In 1981, there were 14,852 actions filed to dissolve marriages and 14,678 such actions concluded. Not all of those filed in 1981 were concluded in that same year, nor were all those concluded in 1981 filed in that year. If we suppose that half the actions filed in 1981 were also concluded in that year, then in 1981 there were 22,104 dissolution cases either final or pending. This compares to 19,799 marriages as figured from the 14,660 licenses issued and 5,139 confidential marriages.

1982 SEEMS TO BE FOLLOWING THE SAME PATTERN

	Marriages	Divorces
Month:		
January	881	1,109
February	976	1,116
March	1,266	1,221
April	1,704	1,266
Total	4,827	4,712

Not all of these divorces involve children, of course, but many of them do. Data from the 1980 census shows that there were 525,588 children under 18 in Orange

County of which 81,366 lived in single parent homes. That's about 15.5%. I don't know how many of these children were 14 and under, the ages generally associated with child care, but whatever the number, it's a lot of childen. Given the fact that dissolutions just about equal or may even exceed marriages, the number is sure to rise.

The City of Irvine has recently completed a study regarding child care, and I'd like to use that as a sample of what one might expect to find in large areas of the County. Where it may not be typical of the older areas of the county, the figures can probably be considered fairly typical for the South County, parts of Anaheim, Orange, Fullerton, and Fountain Valley, and for newer sections of Sana Ana, Huntington Beach, and perhaps other areas.

These are 1981 figures

Population	71,254
Households	25,513
Households with children under 18	11,481
Single parent households excluding military	1,607

This latter figure is 14% of all households with children, excluding military families in base housing.

Children, gradee K–8	11,087
Children, grades K–8 from single parent families (approximately 8.7 percent)	965
Children, grades K–8 with working mothers (approximately 61 perent)	6,713

At present, there are about 71 licensed family day care homes in Irvine; approximately 8 extended day care programs, each serving about 30–40 children, one of which is a subsidized program; and approximately 8–10 preschools serving children from potty-trained (about 2½) to perhaps 9. The only facility that ever provided infant care no longer does so, leaving only licensed family day care homes as possibilities for infant care. This is the greatest need, according to Wendy Perry, Irvine Coordinator for the Family Day Care Association of Orange County.

In 1981, the Irvine Police Department arrested 821 juveniles for felonies, misdemeanors, and non-criminal conduct such as truancy and curfew violations. The cost in terms of officer's time, patrol cars, and administrative costs of this juvenile crime was between $25,451 and $33,661, depending on whether one bases the figure on 1½ or 2 hours per arrest. Juveniles arrests represented 23% of all arrests in Irvine.

220 juveniles who came in contact with the Irvine Police Department were referred to the Youth Services Program for counseling. 20% of these youngsters were between the ages of 6–12, and virtually all of these children were Latch Key children, i.e., unattended at home. These juveniles are ones whose offenses were relatively minor and who were diverted by the police rather than referred to probation for petitions to be filed.

It is impossible to figure out how many of the 6,713 children in grades K–8 with working mothers are Latch Key children. Some mothers and fathers work only part time and are home with children after school. Extended day care of one form or another is probably available to 800–1,000 children. However, it is likely that 4,000–5,000 of these children are Latch Key children; the extended day care programs virtually all report waiting lists. It should be noted that as late as 1979, there were no extended day care services in Irvine except for a few licensed family day care providers and a few preschools that were licensed to keep children over the age of 6. There has been progress, but much more is needed, even in a city that has appointed a committee to advise the City Council as to child care needs.

If one extrapolates from the Ivrine experience, it is obvious that the need for child care services in Orange County is gigantic.

In my opinion, child care needs can be met by employers in a less costly manner than is presently being done by private providers. This would free up a large pool of potential employees and cut the salary requirements of present employers. Each month there are in Orange County approximately 17,580 families receiving some form of AFDC. Of these, an average of 14,000–14,600 had no employed adults in the family. These people would be available for employment if their child care needs could be met in such a way as to make working financially more rewarding than welfare.

Before I bombard you with figures, let me present the assumptions on which my figures are based:

1. MediCal, food stamps, and other such ancillary benefits are worth $200.00 per month to the recipient over and above the basic AFDC grant.

2. There are 4.3 weeks in a month.

3. Currently privately provided child care costs $55.00 per week for full time care, or $236.50 per month per child.
4. A private child care provider nets 10% profit.
5. A wage earner's net pay is 75% of gross after all mandatory deductions.
6. The employer is in a 50% tax bracket.

If these assumptions are correct, an employer must currently pay the parent-employee $315.34 per child to cover his or her expenditure of $236.50 per child full time child care costs. I suggest to you that cost could be reduced to $1[illegible]3.43 per child if the employer were able to provide the child care. That is a substantial difference and one well worth considering if one is interested in tapping the potential employee pool now represented by AFDC recipients.

Let's look at some figures:

AFDC grant +$200 in services:

1 child	$608
2 children	706
3 children	804
4 children	902

This is net spendable income plus medical services, food stamps, and, perhaps some housing assistance.

In order to have the same spendable income and services, without considering child care costs, the required earnings would be:

	Hourly wage	Monthly pay
Children:		
1	$4.7[illegible]	$811.84
2	5.47	941.52
3	6.24	1,072.21
4	6.99	1,202.91

If one adds to that the cost of full time child care, averaging $55.00 a week or $236.50 a month per child, one must add the following:

	Hourly addition	Monthly addition
Children:		
1	$1.83	$315.34
2	3.66	630.68
3	5.49	946.02
4	7.32	1,261.36

Thus, if the employer were to pay the employee a salary that would cover privately provided child care costs and give the family the same net spendable income as on AFDC, that amount would be:

	Gross hourly pay	Gross monthly pay
Children:		
1	$6.55	$1,126.60
2	9.13	1,570.36
3	11.73	2,017.56
4	14.31	2,461.32

Now, let's look at the same situation with employer-provided care, based on the previously given assumptions:

	Gross hourly pay	Gross monthly pay
Children:		
1	$5.34	$918.48
2	6.71	1,154.12
3	8.10	1,393.20
4	9.47	1,628.84

Currently, we taxpayers are spending money to support family units but are receiving no marketplace productivity for the expediture. If these people can be trained and employed, you, as employers will have loyal employees who will stay on the job if adequate child care can be provided in a cost-effective manner. Then, instead of tax money being spent for the support of these families, they will become taxpayers who will add revenue to the taxing agencies, to the benefit of us all.

Child care is the key factor in all this. It is truly an economic issue. The time has come for employers to become actively involved in being part of the solution to the problem, not because it's a nice, socially responsible thing to do, but because it's in their economic self-interest to do so. Why do we need child care in Orange County? Because if we want to maintain and increase the economic health of the county, we simply need to increase child care resources in a cost-effective manner.

STATEMENT OF NANCY CLAXTON, MEMBER, PUBLIC POLICY COMMITTEE, CALIFORNIA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN AND COORDINATOR, CHILD CARE PROGRAM, ORANGE COUNTY DEPARTMENT OF EDUCATION

Ms. CLAXTON. I am Nancy Claxton from the Orange County Department of Education, administrator of their child care program. Chairman Miller and members of the committee, I would like to thank you for giving me this opportunity to submit testimony at this hearing. My testimony will reflect almost 10 years of experience as an administrator of a subsidized child care program. To those members of the committee that are non-Californians, our program, although it receives strictly State funding, is formerly a title XX program and was formerly receiving Federal dollars.

This program currently improves four child care centers located throughout the county and serves approximately 230 children, ages 18 months through 10 years. Our families are all low income. Only 19 percent of our children receive child support as compared to your committee's findings of 35 percent nationally. Thirty-four percent of our children are limited or non-English speaking and about 3 percent of our children are referrals from child protective services or other social service agencies.

I am also here to represent the California Association for the Education of Young Children as a member of their public policy committee, and this organization represents a group of 6,000 professionals from all types of child development and early childhood programs. Despite the 165,000 subsidized child care spaces in California, through the office of child development, department of education funding, there simply is not enough child care in California, and it has reached crisis status and we all have to recognize this.

The 1980 census indicates that more than half of the mothers with young children are in the labor force, with the increased divorce rate, the number of single-parent families, and one of the major trends we are seeing throughout the State in our subsidized programs are single-parent fathers and the increasing numbers of

single-parent fathers with full custody of their children and the economic recession has contributed to the need for child care.

This need is only going to increase as a result of our baby boom children now having their own families. And according to Sue Brock of the California Children's Lobby, the U.S. Department of Labor projects that by 1990 more children will be in child care than in the public school system.

The numbers of families that we have waiting for our program increases each year. We generally feel and note that we have four families waiting for each funded space of well over 1,000 children at any given time. The largest number of children on the waiting list are of elementary school age or the latch key child. The second greatest need is for child care for children under 2 years of age. Infant care in Orange County is difficult, if not impossible, to find either in the subsidized sector or at any price, particularly in our growing south county area.

The problem of the latch key child is beginning to be addressed throughout the State and locally four Orange County school districts have started parent-supported programs within the last 2 years, and I find this very encouraging.

School districts throughout the State are making surplus classroom states available for nonprofit groups such as YMCA childhood programs. The immediate passage of H.R. 4193, which is the school-aged child care bill, would help to alleviate this problem, and we urge that the Federal leadership is necessary to encourage school districts to develop more programs.

Federal leadership may well encourage more local support and effort, and I think that just as with the passage of title XX, which gave a great deal of support for child care, it is needed again.

Local school district administrators who have contacted me about developing child care programs in their districts have two major concerns: how to develop a quality program and how to develop a cost-effective program that will be affordable for the parents most in need of child care. Obviously, our public schools do not have the money to operate and subsidize these programs out of their existing funds.

As we increase the amount of available child care and improve the quality of their child care programs, the public schools should be included as one important component in a diverse delivery system. This system must include family day care homes, center-based programs from public, nonprofit, church-related and private sectors, as well as our very important campus child care programs.

And we need funding mechanisms of all different types of resources. We need all levels of government, and as one who has experienced working with both local government and school districts in developing programs, I urge and support cooperative funding.

We offer that employers use support child care and parents should share the costs to insure that no child is left without care and supervision. Cooperative funding will help to make maximum use of our limited resources and our diverse system will allow parents to have a broad choice of different types of child care to meet the individual needs of their children.

Our national concern about the quality of the public schools must recognize the importance of the earlier years in a child's de-

velopment and the fact that the majority of our children will be out of home care for the major portion of the first 10 years of their lives. This is a significant and staggering change in American family life.

To include the public schools as one part of the delivery system for child care will provide the opportunity for articulation between child care programs and the elementary school as well as strengthening the support system for our families. The schools already have the facilities and experience in educating and supervising large numbers of children, and they should be able to assist in solving our child care problems whether they operate the programs directly or merely cooperate with other agencies.

A second major concern for all of us is the trend not only in this State but across the Nation concerning child care licensing. In the last two sessions of the California Legislature, bills have become introduced to exempt church-related child care programs from licensing. Fortunately this legislation was defeated each time by the combined efforts of the child care field and various church groups.

In addition, funding for family day care licensing was proposed to be eliminated from the 1983-84 State budget. Cooperative efforts of consumers and providers not only restored the existing funding but increased the appropriation by $3 million. Licensing of all types of child care facilities provides children with the minimum standards for protection for basic health, safety and developmentally appropriate environments.

I would like to draw your attention to the fact that on November 2, 1983, the National Association for the Education of Young Children Governing Board adopted a position that all programs serving children should be licensed and that exempting any special group would weaken licensing laws. I have included that in my statement.

Also, just as currently we have received the proposed regulations for our licensing for extended day care for the State of California, and they are proposing to exempt public school operating programs that are serving the children that are attending the public school.

The Child Development Administrators Association last Friday, the southern section, those of us who are school district and county office administrators have directed our board to request that no program be exempt, no school be exempt. So the field wants licensing. We believe children have a right to that protection.

The argument for eliminating licensing is that it is a parental responsibility to insure the welfare and safety of their children in child care. Government must assist the parents by providing the legal framework to protect the real consumer, the children. Most children in child care are unable to communicate if they are in an undesirable environment, and unfortunately it is often too late before a problem is discovered which endangers children's welfare. We have had several incidents in California of real tragedies involving children and child care.

The Orange County Department of Education's child development program was awarded the Federal Migrant Child Care Program grant in July 1, 1983, and I would like to bring to the committee's attention certain Federal regulations that are giving not only our program some problems but on a statewide basis.

In order for a child to be eligible for the Federal migrant program, the child must have moved with his family in the last 5 years. In fact, what we are finding, in working with these families, that the youngest children in a farm laborer's family have not moved at all. They have been born right here in Santa Ana at the UCI Medical Center, and therefore they are ineligible for the child care program, and these young children are the ones that we most want to serve to keep out of the fields, away from the pesticides, so that the older children in the family may attend school.

It is my recommendation that this regulation be reviewed and hopefully changed to allow all children in a family to be eligible if the family is eligible for Federal migrant services.

The State funding for migrant child care allows all children in the family but the Federal migrant does not.

Also, strangely enough, Federal migrant-funded children cannot be commingled with other types of child care programs. For example, I cannot put the Federal migrant children in the same classroom with the California general child care, and our experience as one who was provided Indochinese child care since day one, when families began coming into Orange County, is that this is denying these Hispanic children the opportunity to learn English as a second language from peer association, which we find to be one of the most cost-effective and most effective methods of helping young children learn the language.

It certainly is not a cost-effective method for our program to be keeping these separate classes, and quite frankly the reason I applied for the grant was because I thought with the location of our four centers we would be able to provide a lot of service in our available facilities.

Agencies receiving Federal migrant money should be allowed to commingle children and I think the concern on the part of the Federal Government, the difference in funding levels and problems with money, but many of us are experienced with working with revenue sharing, housing community development and different types of budgets as well as the IRF program, and I think we could work that out.

Finally, my colleagues have requested that this testimony must include a recommendation that reimbursement for five meals be restored to the child care food program. Programs throughout the State are finding that three meals are inadequate to meet the needs of children who are frequently in the center or home care for more than 9½ hours a day. We can see that children who are in the centers for long hours need more than the three meals, and it is indicated by their behavior.

The reason economic recessions have demonstrated that many of our lowest income families have been unable to provide their children with adequate nutrition, and in reality many times the only meals these children are eating are in the child care programs.

The child care food program is an important source of funding for child care and should not be separated from the whole child care issue. Finally, the child care issue has now become so complex and the need is so great for all children, regardless of income, that we must all work together at each level to accept the responsibility and provide quality child care for all of our children.

Chairman MILLER. Thank you.
[Prepared statement of Nancy Claxton follows:]

PREPARED STATEMENT OF NANCY CLAXTON, COORDINATOR, CHILD CARE PROGRAM, ORANGE COUNTY DEPARTMENT OF EDUCATION

Chairman Miller, members of the committee, I would like to thank you for giving me the opportunity of submitting testimony at this hearing. The testimony will reflect almost ten years of experience as the administrator of a subsidized child care program in Orange County. This program currently includes four child care centers located throughout the county, and serves 230 children ages 18 months through 10 years. This statement also includes the input from members of the California Association for the Education of Young Children. The organization has 6,000 professional members representing all types of child care and early childhood education programs including private, non-profit and publicly funded programs.

Despite the 165,000 subsidized child care spaces in California through the Office of Child Development-State Department of Education funding, the lack of affordable quality child care has reached a state of crisis for California families. The 1980 census indicates that more than half of the mothers with young children are in the labor force. Increased divorce rates, the number of single parent families including single parent fathers and the economic recession have contributed to the need for child care. This need will only increase during the next two decades as the children of the "baby boom" have their families and both parents must continue to work outside of the home to maintain an adequate living standard. According to Sue Brock of the California Children's Lobby, the U.S. Department of Labor projects that by 1990 more children will be in child care than in the public school system.

The number of families waiting for subsidized child care increases each year. The Orange County Department of Education Child Care Program has four families waiting for each funded space, or well over 1,000 children. The largest number of children on the waiting list are of elementary school age. The second greatest need is for child care for children under two years of age.

The problem of the Latch-key child is beginning to be addressed throughout the State. Four Orange County school districts have started parent-supported before and after school care programs in the last two years. School districts throughout the State are making surplus classroom space available to non-profit groups such as the Y.M.C.A. for child care programs. However, there is still not enough school age child care. The immediate passage of H.R. 4193/SB 1531 would provide some relief for the school age child care problem. Federal leadership in recognizing and addressing this problem of the Latch-key child may well encourage more effort and support at the local level.

Local school district administrators who have contacted me about developing child care programs in their districts have two major concerns; how to develop a quality program and how to develop a cost effective program that will be affordable for the parents most in need of child care. As we increase the amount of available child care and improve the quality of our child care programs, the public schools should be included as one important component in a diverse delivery system.

This diverse delivery system must include family day care homes and center-based programs from the public, non-profit, church-related and private sectors with funding mechanisms from all types of resources. These funding resources should include all levels of government, employers and parents to ensure that no child is left without care and supervision. Cooperative funding will help to make maximum use of our limited resources. Parents should have a broad choice of different types of child care to meet the individual needs of their children.

Our national concern about the quality of our public schools must recognize the importance of the early years in a child's development and the fact that the majority of our children will be in out-of-home care for a major portion of their first ten years of life. This is a significant and staggering change in American family life. To include the public schools as one part of a delivery system will provide the opportunity for articulation between child care programs and the elementary schools as well as strengthen the support system for families. We urge the passage of HR 4193 as one method of quickly increasing the amount of affordable child care for school age children. The schools already have the available facilities and experience in educating and supervising large numbers of children. They should be able to assist in solving the child care crisis in a most cost effective method. This can be achieved whether they directly operate the program or cooperate with other agencies using school facilities.

A disturbing trend has developed not only in California but across the nation concerning the licensing of child care facilities. In the last two sessions of the California Legislature, bills have been introduced to exempt church-related child care programs from licensing. Fortunately, this legislation was defeated each time by the combined efforts of the child care field and various church groups. In addition, funding for family day care licensing was proposed to be eliminated from the 1983–1984 State budget. Cooperative efforts of consumers and providers not only restored the existing funding but increased the appropriation by three million dollars. Licensing of all types of child care facilities provides children with minimum standards for basic health, safety and developmentally appropriate environments.

At the November 2, 1983 meeting in Atlanta, the National Association for the Education of Young Children Governing Board adopted a position that all programs serving children should be licensed, and that exempting any special group would weaken licensing laws. (statement attached) This association with 40,000 professional members is also developing a center accreditation project to assist in improving the quality of child care. The membership looks forward to developing and implementing the project. At the same time that various groups or states are eliminating or reducing standards for child care, it should be noted that the professionals are working to improve standards and quality.

The argument for eliminating licensing is that it is a parental responsibility to ensure the welfare and the safety of their children in child care. Governments must assist parents by providing the legal framework to protect the real consumers—the children. Most children are unable to communicate if they are in an undesirable environment. Unfortunately, it is often too late before a problem is discovered which endangers children's welfare.

The Orange County Department of Education-Child Development Program was awarded the Federal Migrant Child Care Program grant for Orange County as of July 1, 1983. I would like to bring to the attention of the committee certain federal regulations that are causing problems, not only for Orange County, but throughout the State. In order for a child to be eligible for a Federal Migrant Child Care Program, the child must have moved with his family within the last five years. In fact, agencies are finding that the younger children in farm labor families have not been part of the migration and have been born in the local agricultural community. This requirement prevents programs from serving the youngest childen in farm labor families and negates the major intent of the Migrant Child Care Program. The major intent is to provide child care for younger childen so that school age children can attend school. It is my recommendation that this regulation be changed to provide eligibility for the Federal Migrant Child Care Program to all children in an eligible family.

There is also a requirement that the Federal Migrant funded children not be comingled with other groups of children with other sources of funding. This separation prevents young children from learning English as a second language from peer association. Also, it is certainly not the most cost effective method of meeting the needs of migrant farm labor families in urban areas such as Orange County. There is surely a question of the children's civil rights and an issue of discrimination with this policy. Agencies receiving Federal Migrant monies should be allowed to comingle children. This will achieve the most cost effective method of providing the most developmentally beneficial program to migrant children.

Finally, my colleagues have requested that this testimony must include a recommendation that reimbursement for five meals be restored to the Child Care Food Program. Programs throughout the State are finding that three meals are inadequate to meet the needs of young children. Many children are in center care for more than nine and one half hours a day, and an additional snack or lunch-dinner meal pattern is required for these children. Providers urge the restoration of five meals. The recent economic recession has demonstrated that many of our lowest income families have been unable to provide their children with adequate nutrition. The Child Care Food Program is an important source of funding for child care and should not be separated from the whole child care issue.

The child care issue has now become so complex, and the need is so great for all children regardless of income, that we must all work together to accept the responsibility of providing quality care for all of our children.

CHILD CARE LICENSING POSITION OF THE NATIONAL ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN

RATIONALE

Findings from the 1980 census show that more than 50 percent of mothers of young children in the United States are employed outside the home. Therefore an increasing number of parents are seeking child care settings within their communities which will nurture, protect, and educate their children. Child care licensing is an official acknowledgement of the public responsibility to maintain healthy, safe, and developmentally appropriate conditions for children during the time they spend in child care. Licensing is a form of consumer protection for children and their parents.

Child care is provided in a variety of settings reflecting the diverse needs of today's families. These settings can be grouped into three major categories—center care, group home care, and family day care. In most states, centers usually provide care for 12 or more children, group homes for 7 to 12 children, and family day care homes for 6 or fewer children. States without group home care provisions generally define centers as settings for the care of 7 or more children.

Each of these settings may provide care for infants, toddlers, preschool children, school-age children, and/or children with special needs. All three types of settings may provide full-day or part-day care on either a regular or flexible basis. Standards are needed for all three types of care to ensure that children are protected and educated in a nurturing environment.

The goal of child care licensing should be to assure a level of good quality care while taking into account the different types of settings and the numbers of children served in each. Agencies charged with enforcing licensing standards should be publicly visible so that individuals caring for children know about them and can seek technical assistance from them. The standards represented in the licensing statutes should be widely disseminated so that parents will be in a better position to locate and monitor licensed child care settings. In addition to licensing statutes, health, building, and fire safety codes must also be met. The inspection, monitoring, and enforcement of all applicable statutes should be coordinated to ensure that personnel and fiscal resources are wisely used.

POSITION

The National Association for the Education of Young Children affirms the importance of child care licensing as a vehicle for controlling the quality of care for children in settings outside their own homes. NAEYC supports licensing standards that:

take into account the nature of the child care setting and the number of children to be served;

set standards for centers, group homes, and family homes;

include care of children from infancy through school age;

cover full-time, part-time, and drop-in care arrangements;

include facilities serving children with disabilities;

reflect current research demonstrating the relationship between the quality of care provided and such factors as group size, staff/child ratio, and staff knowledge and training in early childhood education or child development;

are clearly written, enforceable, and vigorously enforced;

are administerd by agencies which are known about and accessible to parents and the individuals providing care for children; and

include written policies describing processes for initial licensing, renewal inspections, revocation, and appeals.

Because licensing requirements stipulate the basic necessary conditions for protecting children's well being, NAEYC firmly believes that all forms of supplementary care of young children should be licensed and that exemptions from licensing standards should not be permitted. Whenever a single program or group of programs is exempted or given special treatment, the entire fabric of licensing is weakened.

It is a public responsibility to ensure that child care programs promote optimal development in a safe and healthy environment. All parents who need child care have the right to choose from settings which will protect and educate their children in a nurturing environment.

Passed by the NAEYC Governing Board, November 2, 1983.

Chairman MILLER. Mr. Torres.

STATEMENT OF JOSE L. TORRES, ADMINISTRATOR, CLINICS OMETOCHTLI, ORANGE COUNTY, CALIF.

Mr. TORRES. I apologize first for being 4 hours late because of personal complications.

The clinic that I work with—I am an example of the result of a long history of alcohol and drug abuse and the complications that I had in the past socially, culturally and the system in general. I am not here to judge the system. I just say I am the results of what happens to other people in my same circumstances.

As you can see in my testimony, I very briefly described my own experience and some of the factors, such as social interaction with other cultures and the differences with other cultures, for example, Mexico, and we had a different value system than strictly Anglo or anybody else.

That creates a lot of conflict in order to interact and live in a harmonious and positive way.

Besides that, the education also and the lack of knowledge from a lot of people of what the consequences of alcohol and drug abuse is and those consequences in school or any place else, they are not aware of.

The program that I am working at—I was once a patient client—and they provided me with the help that I needed in every way, shape and form, morale, spiritual, educative and cultural.

Because of the differences that I found in the cultures as a Hispanic, these people were able to help me. I started as a client. I have continued going to school. I went back to school. I am currently enrolled in the University of Fullerton pursuing a bachelor's degree in psychology. I am educating myself and trying to educate other people about the consequences of alcoholism.

Our program has been designed in such a way that we can serve the bilingual and cultural Hispanic. That means because we are aware of the cultural differences we deal with the special situation.

As far as I am concerned, we are the only providers in the county for services of alcohol to the whole Hispanic community. We are experiencing some financial difficulties, which has been the history of our program. It is nothing new to us.

The only thing that I can say is that we should take a look at the fact that alcohol is primarily a big problem in our community, primarily Hispanic community. There are around 50 providers of alcohol for the English speaking in Orange County, which is ours.

We have a whole program providing residential detox services, educational services for the children of our clients, prevention services for the community, going out to the community and trying to relate to the community how they can understand and educate themselves of the consequences of alcohol.

There are very few programs which I say, only one where people are aware of what we are doing because of very limited moneys.

Personally I think that the opportunity that was given to me could be given to anyone. I now consider myself a productive member of this society. I have been able to lift myself culturally and socially and this opportunity should be given to anybody, no matter of race, color, or ethnic background.

Our program is composed mostly of bilingual people born here in the United States with Hispanic backgrounds. We tried to do our best to help our people. We had little support from the county or the Federal Government. Our funds primarily come from the county and from the patient. We find that our fee is only $2 because our people cannot afford to pay even that. We love our work. We do the best we know to do it and relate to them. We are trying to help people.

I am proud to be part of the program.

First of all, as a client, I can relate to these people who are there and now, as the administrator of the program, I am kind of young to hold that position, but it is an opportunity.

I thank you for being here and have the opportunity to speak to you.

[Prepared statement of Jose Torres follows:]

PREPARED STATEMENT OF JOSE L. TORRES, ADMINISTRATOR, CLINICS OMETOCHTLI, ORANGE COUNTY, CALIF.

The content of this essay is to provide information about my past. Important events and experiences will be briefly described in order to give a picture of how I developed my alcoholism and drug addiction. On the other hand, I will briefly mention the non-profit, Community based alcohol program that helped me to put my life together.

I am a Mexican native born. My parents got separated a year after I was born. My father, a chronic alcoholic remarried a few years ago and he has reestablished his life with his new family in my native country. We often communicate by writing to each other.

During my childhood, I lived with my grandmother who looked after me for the first fourteen years of my life. During these years my mother came to the States to work to support me, since neither economical nor moral support was given by my father. However, education has been one item I have always valued very much until now. I finished grammar, Jr. High and High School in Mexico. I was an average student. During this time, age twelve, I started to experiment with alcohol by drinking small quantities in parties or other events I attended with peers. Because of the lack of the father image, I developed a very rebellious attitude toward adults and elders. I kind of wanted to demonstrate to my father that I could do it by myself and that I will never be like him. Well, I was pretty wrong, because indeed I became as my father.

My adolescent years were full of frustrations and confusions. The lack of an authority figure that could provide me discipline and love was absent. And it impaired my development to a mature and responsible individual. On the other hand, I continued in school to pursue a career in engineering. But I did not have the financial nor the moral support from family.

At the age of 14 I arrived in the States. My mother decided to live here forever and it was better for me to continue my education here. I entered a local high school within four days of my arrival. At the beginning of my school days, I was confronted with the different social and moral values of the two cultures. First, I could not perform well in academic subjects because of the language limitations. In addition, I interacted very little with other peers; these peers mostly were Mexicans whom I could relate to. Then, I learned to speak, write and read English within two years. This helped me to open my alternatives because I met new friends, I went out often to different places, but those events always were within an alcohol context.

Discrimination and racism were common among that particular area and in school too. However, I began to relate to chicanos whom were seen as gang members, criminals and trouble makers, because they dressed in different style than the anglos or blacks. The chicano was the closest group that I could share cultural and social values same as theirs. All my behaviors and way of thinking changed as to theirs. There was a great amount of emphasis on drinking and smoking pot. On the other hand my family disliked this changed of attitude in me, so it created numerous problems in the family. For example: My stepfather would try to make me angry by prohibiting me to go out. My mother wouldn't cook or wash my clothes for me, etc.

Besides the pressure from peers, my family situation began to deteriorate; part was because of the fear to communicate what we were thinking and feeling for each other. Second, because we did not have the appropriate information of the consequences of alcohol, At school we were treated negatively, unfairly punished. An illustration was that the handball courts were fenced and locked after school hours when in fact this was the only place where most of us would go to recreate. We were intimidated by the local police and school security guards. They would arrest us for no reason at all; or they would call us discriminatory names that violated our own self-esteem and self-respect.

My personal deterioration due to my alcohol and drug abuse became worst during the ages of 16 and 17. I graduated at the age of 17 from High School. Even though I had interest to go to a University I was not able to do so because I lost the grant within the first two months due to my drinking. Realizing that I was failing, I decided to drop school and find a job.

The pressure from my family increased because they wanted me to work in order to support part of the household expenses. I managed to find a job which due to my absentees and frequent tardiness I was fired. This went on for several months, I could not hold a job nor could I save any money since I used all in obtaining alcohol and drugs.

I tried to commit suicide a couple of times, but I realized that there was something better I could do for my life besides drinking, using drugs and deteriorating my personal life and family.

At this time, I wanted to continue in school and become a computer programer, I enrolled in night classes while I worked during the day. However, I do not know why I decided to seek help for myself. But I went to ask my school counselor about any advice she could provide me. She then informed me that she did not have the experience in the field of alcohol so she could not help me. What she did was to refer me to this new established alcohol clinic that treated hispanic alcoholics. Consequently she gave me the address and phone number to call and arrange an appointment to see the counselor. It took me two weeks to finally decide to make the call. I went to the first appointment, these people were something else that I had never experienced before. They all showed their concern and understanding about my problem. They created a comfortable environment in which I could feel love and care for the first time in my life. This program offered me a live-in residential program which I could live for a period of two months. I was to engaged in group activities, AA meeting and to transform my life style to a sober and clean one. Before I entered the program, I informed my family about my decision of getting myself into treatment. Their response did not or did approve my attitude. They only encouraged me to do whatever was beneficial for my well being. I remained in the program a total of 6 weeks, during this time I found a full time job in which within several months of employment they promoted me to leadman assistant. I had to change some negative personality characteristics and behavioral patterns to positive and productive ones. In addition, I returned to my family who noticed the change in me and they offered their support in my recovery process.

At the present time, I have been married for two years. I have remained sober for 5 years without any drinking relapse during this time. I'm currently enrolled at a local university to pursue a Bachelors degree in Psychology. My personal life has radically changed to a very productive one.

I hold an administrative position at the same program where I was in as a patient once. On the other hand, I have learned to have meaning in my life by continuing an open relationship to family, spouse and fellow friends.

I have never had the courage to write about these painful experiences as well as the productive ones. Therefore I urge you to use this information to help other people who are still addicted to drugs, and alcohol.

Chairman MILLER. Thank you. The committee will have some questions later, Mr. Torres.

Mr. Camacho.

STATEMENT OF ISMAEL CAMACHO, PARALEGAL, THE FARMWORKERS' CENTER, LAS CRUCES, N. MEX.

Mr. CAMACHO. My name is Ismael L. Camacho. I was born to a farmworker family in Madera, Calif. My father worked in the fields since he was very young. He only went to the second grade in

Mexico. This is the reason he wanted us to be educated as much as possible.

I began to work in the field at age 5. My father would take me with him since my mother also went to work in the fields.

We had no family in Madera to take care of us. He also needed our help in the fields. All my brothers and sisters worked in the fields.

Before we were old enough to work, we were still taken to the fields. We were left in the car, or underneath grapevines in order to avoid the sun. Underneath the grapevines, we were exposed to pesticides that were used to kill spiders and other insects. They would spray sulfur to combat the plagues. This sulfur would fall from the grape leaves and burn our eyes and skin.

There were no sanitation facilities in the fields, so many times we had to relieve ourselves in the fields. There was obviously no toilet paper, so we used what we could. There was no water, other than the one we took, to wash our hands with, so we ate with dirty hands.

Needless to say, there were no medical facilities in the fields. So when one of us would get sick in the fields, the next oldest kid would take care of him at the house.

When I grew older, I worked whatever hours were necessary. In the summer, when school was out and the kids from school looked forward to summer vacation, I would have to work.

All the farmworker families and their kids would work. For this reason we did not look forward to any school vacations. We worked some long hours. Our dad worked even longer hours, sometimes holding up to three jobs. He used to love to work until he became disabled.

My father fell off a hydraulic lift used to prune peach trees. He landed on his left knee, breaking it. They flew him to San Francisco and operated on him. After 3 days from the date of the operation, he was told that he would be able to return to work and that he would be able to use his left leg, so he started to walk on it. He reinjured his knee and they took him back to operate on it again.

After that operation, they found out that they left a sponge in his knee. So they had to reoperate to remove the sponge. It was necessary to place a plastic tube in his leg.

I currently work with the legal services of Las Cruces, N. Mex. I have been employed with the farmworker division for 4 years. I was able to obtain my job thanks to CETA training. They sent me to Antioch Law School to the National Farmworker Paralegal Training Project. I graduated in 1979 and found employment soon after. Had I not gone to this program, I would probably still be working in the fields with my younger brother.

During my employment, I have seen children under the age of 10 in the fields helping their parents, as I once did. There are still no toilet facilities in the fields, washing water, or medical facilities.

One thing still present is the herbicides, insecticides, pesticides, fungicides and no regulations to protect farm workers from being sprayed directly.

I have seen planes spraying fields while there were farmworkers picking crops. Just imagine your children being there, exposed to these conditions.

Fortunately, there are some child care centers to take migrant children. Unfortunately, there are many more children still out in the fields out of necessity.

Many of these children grow up uneducated because they are children of migrant families, moving from one State to another, unable to complete their education. They have no incentive to study because they are too tired from the work they did. Study hours are used to enjoy rest.

Chairman MILLER. Thank you.

[Prepared statement of Ismael L. Camacho follows:]

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My name is Ismael L. Camacho. I was born to a farm worker family in Madera, California. My father worked in the fields since he was very young. He only went to the second grade in Mexico. This is the reason that he wanted us to be educated as much as possible. I began to work in the field at age five. My father would take me with him since my mother also went to work in the fields. We had no family in Madera to take care of us. He also needed our help in the fields. All my brothers and sisters worked in the fields.

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I have seen planes spraying fields while there were farm workers picking crops. Just imagine your children being there exposed to these conditions. Fortunately, there are some child care centers to take migrant children in. Unfortunately, there are many more children still out in the fields out of necessity. Many of these children grow up uneducated because they are children of migrant families, moving from one state to another unable to complete their education. They have no incentive to study because they are too tired from the work they did. Study hours are used to enjoy rest.

Chairman Miller. Mrs. Wynn.

STATEMENT OF KAREN WYNN, EXECUTIVE DIRECTOR, AMERICAN INDIAN EDUCATION CONSULTANTS, INC., ARIZONA

Ms. WYNN. I would like to begin by thanking the committee for this opportunity for representing part of the Indian community and to thank those that made this assignment possible.

My name is Karen Wynn. My ethnic background is American Indian and I am a member of the Yokuts Tribe, Chuckchansi Band, which is located just north of Fresno, Calif.

I completed my undergraduate work at the University of Arizona where I have completed it in education. I received a teaching certificate to begin my employment within the field of education. I began two fourth grade assignments, one of which was on the Papago Reservation and the second was on the Apache Reservation located in Arizona.

From there I became involved with Federal programs and was hired as a director of the youth services department at the Tucson Indian Center and from there to my current employment, which is the executive director of American Indian Education Consultants.

The reason that AIEC was developed was to assist in working with educational activities with students who were no longer in school or those who could be identified as high risk youth, meaning those individuals that would, for whatever reason, choose not to finish their high school education.

The main focus of my testimony is going to be directed around three particular areas. One is the identification of trends in education as far as Arizona is concerned. The second area is the residential status of Indian youth and their families on reservations and off reservations.

The third is a plea to Congress to continue and expand financial support to the area of Indian education.

The first trend that I would like to address is that of curriculum and course requirements. Arizona State Board of Education has recently considered some legislation that would considerably reduce the requirements as far as a class lead is concerned and this curriculum was evolving around the grades K through 8.

In essence, what happens was that they were deleting from the kindergarten curriculum, for example, the subjects of history, art, physical education, science, geography, and health.

In addition to deleting those subjects, they were going to be adding a course requirement of a foreign language.

In the third grade I think was probably the area that would have been most drastically affected by this legislation in that they were going to require a competency exam which must be passed by every student to be promoted from the third to the fourth grade.

The entire recommendation at this point, we believe, is going to be turned down by the State board of education as far as their adoption of this, but we would find that this issue not only affects Indian children, but it affects all children in that in third grade, by telling a student that they are not capable of certain competencies to pass to the next grade that you are fulfilling a self-fulfillment prophecy in that you are philosophizing or giving them their psychological background that they are incapable of doing certain

things and therefore they would continue to follow them for the rest of their lives.

The next issue is that of the full-day kindergarten. Arizona would be receiving recommendations to expand their 2 hour and 15 minute kindergarten program to that of a full day, which would last at least 3 to 4 hours in length.

We are finding that there is a benefit from certain programs that have extended their full day kindergarten to last longer than the 2 hours and 15 minutes period.

We are seeing that these sessions that are able to work closely with the students are developing their language and readiness concepts to a greater degree than those students that are in the lesser time frame of a kindergarten class.

The other issue which has been touched on several times today is that of a child care. We are seeing in Arizona the need for additional child care centers, after school care centers to work with children of dual working parents.

Right now we are showing that more than half of the mothers in our area that have children under the age of 6 are working.

We see it as a vital economic necessity today to have some type of an assistance for these parents. We are seeing the issue also of the licensing coming into play not only with the day care facilities itself, but with the day care homes.

We are finding that more than 50 percent of the parents who need child care services are using day care home facilities rather than the day care centers, which is only 15 percent.

Even though there are many centers that are provided, there are very few that are available to minority individuals.

There are very few day care centers that are located in areas that are accessible to minority people.

At the present time we are seeing that there are 500 individuals who are in need of this particular service.

Another area that we would like to address is the cost of public education.

In Arizona, older children attending high school are required to either pay for or rent their textbooks. This is especially hard on the children of low-income families and especially Indian children.

In the past 2 years AIEC has provided more than $2,500 in support in this particular area. We have also provided about the same amount of number of dollars for emergency clothing, special class fees, graduation costs, and things of this nature.

All of the children that we have provided services to are American Indians, but as we are in the field, we see that this need is not only a need of American Indian children, but other minority groups as well.

Students who cannot afford to take the special class courses, such as science, computer literacy, art, physical education, and language, are finding themselves without the necessary credits to enter colleges or universities or other vocational choices past the secondary level.

Again we are finding that this occurs primarily with minority children, of which Indian children are a part of that group.

Another issue is that high schools have begun a reduction of standards for minority children in that there are no foreign lan-

guage requirements or requirements for higher levels of math, science and English.

This additionally adds to the previous problem in not preparing students to make themselves ready for the rigors of college.

The dropout rates and we use Tucson Unified School District No. 1 as a profile, has had the largest dropout rate in the State for Indian students.

Five years ago it was 16 percent. This past year it took a drop to 11.5 percent, which may appear as a significant difference but actually what has happened is that they redefined their definition for a dropout student. They began tracking students after enrollment to the 8th grade through the 12th grade.

In other words, because after completion of 8th grade or the turning of 16 it is not required that students attend public school and so, therefore, they had not been counting those students in these last statistics as they had previously done in the past.

In this area we are seeing that the average cost for a fall semester is anywhere from $60 to $125 for costs to enroll.

The second semester we are looking at anywhere between $40 and $60. Having more than one child in school at any particular time is an extreme burden seasonally upon the families. Their additional costs to this, which would go into the area of sports, club participation, and other activities such as student council, cheerleading, and things in this area, we are seeing that this is a negative impact on the students in terms of that they are losing the opportunities to develop their social and leadership skills because these students don't have the money to participate and compete in these other types of programs.

I looked at the University of Arizona to draw some statistics for postsecondary education. The profile from 1930 to 1982 indicates that 153 graduate degrees have been awarded and bachelors degrees have been 317. This shows over that particular time span that in the graduate level there are three annually and in bachelors degree there have been six annually.

To me this is not really representative of the population in Arizona as American Indians do constitute a fair majority of the population.

The majority of attendance at the University of Arizona was during 1970 to 1982, approximately, when there was a program that was there that was funded by Indian education title IV entitlement teacher education programs for Indian students. This program was designed to train American Indians to go back and work on the reservation areas with their particular tribal background.

That program was discontinued around 1979 and, as a result, the Indian enrollment dropped at the University of Arizona.

A second program was that of Navajo teacher education and it provided the same type of services, only specifically for members of the Navajo Tribe.

A third program is the Indian studies program which offers bachelors and masters degrees which has again, during this last couple of years, begun to develop and restrengthen the Indian enrollment on campus.

It may not be completely accurate to track only three programs in this particular time span to correlate rises and declines of stu-

dent enrollments over this particular period, but it is possible to conclude that these specialized programs do assist in the improvement and retention of students at the university level.

Probably the most dynamic area and trend that we are seeing come across the country is the back to basics movement and a lot of people have picked up that terminology, back to basics, and you see it being used in political areas as well as religious areas, as well as Government use and people wanting to project a certain idea or a certain image.

We are seeing that term now being used more and more in education, the back to basics movement. This is a widespread issue and I think it is an area that clearly lacks definition not only to the lay world because it is being used so widely, but in the educational field as well.

It appears as though many parents and grandparents are feeling that society in general is kind of decaying into a mess and somehow by reinstating standards that they and their children had gone through in the public school system would somehow solve some of the problems that they are concerned with in society as a whole.

The primary focus of this program looks at that as discipline in terms of parents asking for more student supervision, more rules and more stringent dress codes.

The second area is that of curriculum. It is not that the reintroduction of certain basal tasks, possibly that of Dick and Jane, will provide all the necessary training in reading.

Chairman MILLER. We have some members who will have to meet a plane schedule and I would like them to have the opportunity to ask you some questions, so to the extent that you could summarize your testimony, I would appreciate it.

Mrs. WYNN. To summarize then, I would like to note that approximately 51 percent of the Indian population resides off of the reservations and we would feel that this particular population, by definition, at times is being neglected and somehow the notion that Indians residing on reservations carry more weight when it comes to definition of Indians and we feel that American Indians in general should not shed their constitutional and tribal rights every time they cross in or off of the reservation areas and we feel this is a critical area.

You look at funding formulas that are derived on this, eligibility for services and programs and our primary focus is that through educational areas and avenues that American Indians can take direction for their own lives.

Chairman MILLER. Thank you.

[Prepared statement of Karen Wynn follows:]

PREPARED STATEMENT OF KAREN WYNN, EXECUTIVE DIRECTOR, AMERICAN INDIAN EDUCATION CONSULTANTS, INC.,

To begin with, let me introduce myself. My name is Karen Wynn. My ethnic background is American Indian. I am a member of the Yokuts tribe, Chickchansi band. I have been married nearly 15 years, and have three children ages 12, 9, and 6. My educational background has been at the University of Arizona, where I have completed a Bachelors and Masters degree in Education.

At the present time I am working on a Ph.D. in Education with a minor in Educational Administration which will be completed in December 1984.

My employment background began with a 4th grade teaching position on the Papago reservation, continuing with a 4th grade position on the Apache reservation. During these two assignments I became interested in the youth who were not attending school. I wanted to know why and what I could do to help. This feeling brought me back to Tucson where I became the Director of the Youth Services Department of the Tucson Indian Center. My department worked with urban and reservation youth age 3-25, in preschool, GED, employment, counseling, social, and recreation activities. The leadership of the Indian Center decided not to continue its emphasis on education, so I felt that my skills and talents could be used elsewhere. At this point there were others in the community who had completed degrees in Education and also felt the need to do something about it in the American Indian community, not only in Tucson, but in the entire southern region of Arizona.

This was the beginning of American Indian Education Consultants, Inc. I am currently the Executive Director of AIEC. AIEC's main focus is upward social and economic mobility through education. In summary I have been in the field of Indian Education for 13 years as a mother, teacher, student, and administrator of federal programs.

The areas I would like to address the committee include:

1. Identification of trends in education
2. Residence status of Indian youth
3. Need for continued and expanded financial support from Congress to Indian Education.

TRENDS

Curriculum: Course requirements

One of the latest issues to hit Arizona, and one that will effect all children in grades k-8 in some respect, is that of course requirements as required by the State Board of Education. Currently they are considering a task force recommendation which would exclude History, the Arts, PE, Science, Spelling, Geography, and Health from the kindergarten curriculum. They added foreign language as an important component to Kindergarten education. The task force also wants to establish a competency exam which must be passed to "graduate" from the 3rd grade

In the entire recommendation regarding curriculum, there is no mention of cultural instruction in the child's native language, elements which are vital to the inculcating of students to their particular communities and societies. This issue not only affects Indian children, but children of all other nationalities and cultural backgrounds other than middle class America.

Length of day: Kindergarten

Another issue in the idea of full day kindergarten. There is a lot of pressure from parents and educators alike to push this into the public school system. Children are beginning their formalized education younger and younger. With the benefits of full day kindergarten children will be able to read and do other formalized tasks at the beginning of first grade.

There are children who need more than the traditional 2½ hours of kindergarten. A few schools in Tucson area especially those in the lower income areas, are now offering "extended day" kindergarten sessions—3½ hours long. These sessions work closely with the students on language and readiness concepts, which are sorely needed by these children.

Child care

Another trend that is closely related to "extended day" kindergartens is the need for additional child care and afterschool care services. More than half of the mothers with children under the age of six are now working. It is an economic necessity today. More than 50% of the parents who need child care services are using family day care homes. Only 15% of the parents use day care centers. Yet there are still not enough service providers available.

Along this line is the problem of day care and family day care home licensing. Arizona is one of only five states that doesn't require family day care homes to be regulated or licensed. Each state has different rules on this issue. There needs to be a national day care policy for both group centers and family day care homes.

Another problem is the cost of day care and after school care services. Low income parents working at minimum wage or below, are in most need of help in this area. The Department of Economic Security does provide some relief to these parents, yet it is not enough. Increases in the numbers of parents who need the service has put a pinch on the available funds. Parents have been turned away.

More federal help is needed to keep parents working, children cared for properly and child care providers paid properly for their services.

Cost of public education

In Arizona, older children and their families have a very special kind of problem. Public schools do not pay for textbooks or class fees. This is especially hard on children with low family incomes, especially Indian children. In the past two years, AIEC has paid out more then $2,500 in book fees for students whose families couldn't afford to pay for their books and fees. All of these children were American Indian. The impact of this problem is that those students who can't afford the class fees for such courses as science, computer literacy, art and PE, find themselves without the credit necessary to get into college or other vocational programs of their choice. Again this occurs primarily with minority students.

Graduation requirements

Another issue in high schools has to do with the reduction of standards for graduation. There are no language requirements, or higher levels of math. This adds to the previous problem in not making students ready for the rigors of college.

Dropout rates in Tucson's largest school district for Indian youth has dropped from 16% five years ago to 11.5% this past year. It may look significant on paper, but it doesn't take into consideration that only students who have actually enrolled in the 9th grade and drop out that are considered in this figure. Those students who never enroll in the 9th grade and drop out after 8th grade are never considered.

Often times the reasons for dropping out in high school are dependent on a reason I have already mentioned: that of the high cost of textbooks. The average cost is $60 for the first semester, and $40–60 for all the semesters after that, depending on class schedules. There are additional costs for sports participation, club participation and other activities such as student council and cheerleading.

The impact of this is felt in the lack of social and leadership skills that these students don't possess because they don't have the money to participate in the programs and needed classes.

Post secondary education

A different approach was used to look at the students who have been able to get to the University level. Rather then survey all 3 Arizona universities, a profile over the last 50 years was compiled at the University of Arizona. It was thought that the university represented not only trends in Arizona but the nation at large:

	Graduate degrees	Bachelors degrees
Year:		
1930	1	
1940	1	
1950 to 1959	7	5
1960 to 1969	19	13
1970 to 1979	67	171
1980 to 1982	58	128

The majority of attendance and graduation has occurred between 1970–82. In the early 1970's the University of Arizona initiated a program for American Indians to train teachers. Enrollment grew during this period, but was off again when the program was dropped from the curriculum. The enrollment again began to grow around 1979. Around this time the University developed an Indian studies program, that provided several classes that focused on issues and content areas in Indian education. The program provided Bachelors and Masters degrees.

Another enrollment growth occurred because of a Navajo teacher training program, that provided teacher education on the reservation. The students could stay home on the reservation and attend classes in various nearby locations.

It may not be completely accurate to track three major programs and correlate the rise and decline of student enrollment for a period of ten years. But it is possible to conclude that specialized programs assist in the recruitment and retention of students at the university level.

Back to basics

A more wide spread issue that is affecting not only Arizona but the rest of the country as well is the back to basics movement.

This is an area that clearly lacks definition not only in the lay world, but in the education field as well. It appears as though many parents and grandparents are feeling as though society in general is decaying into an immoral and decadent mess, and that by reinstating standards they and their children underwent in the public school system, that it will solve some of the problems that society is concerned with now.

The primary focus this issue takes is that of discipline. Parents are asking for more supervision, more rules and dress codes. The second focus of the issue is that of curriculum. It is thought that the re-introduction of the basal series or Dick and Jane, will provide all the necessary training in the reading area. The balance of time will be spent in the remaining subjects of Math, Science, English and Social Studies. The primary purpose of the back to basics movement, in my assessment as an educator, is to assist parents in believing that the so called "frills" in education can be done away with, which will cause a reduction of expenditures or the budget, which will provide more time for the teacher to provide more instruction in the basic subject areas.

The effect is that many districts in Arizona statewide are setting up special schools staffed with administrators and teachers who espouse the notion of back to basic philosophy in the discipline and curriculum areas.

In the Tucson areas these schools have been used as an enrollment incentive for part of the desegregation plan. Non-minority children have a choice of whether or not they want to go to a basic school, whereas minority children are actually forced to go to them because they are in their neighborhoods.

The impact on a major percentage of minority children is that this type of curriculum is not relevant to the experiences and backgrounds of these children. Thus it is a non-positive impact on these children and their families.

Residential status

This is a very controversial issue. One that has been argued and debated since the creation of reservations. This issue has even been brought before Congress in different pieces of legislation to obtain definition. The issue is that of status of Indians. Questions surrounding this issue include when is an Indian not an Indian? Why is the notion of residence on a reservation area, carry the idea that this somehow weights the idea that a person living there is more Indian than a person who lives off the reservation?

The position that should be considered is that by continuing to use residence as criteria for services, judication and funding for example, may be causing a suspect class within one ethnic segment of the general population of the country.

This is to say that American Indians should not be subject to losing and gaining basic rights granted and guaranteed by trust and treaty relationships at the reservation boundary. In essence American Indians should not shed their rights on the basis of residency.

Financial support

At the present time AIEC provides services to 32 schools in 12 separate districts with approximately 700 students. These services come from the area of supplemental services as defined in the language of the Johnson O'Malley legislation.

The Arizona Department of Education (ADE), a subcontractor of the BIA, Phoenix Area Office, contracts to provide services to 5,800 students. As the funds are allocated on a per capita basis, ADE through their various sub-contractors, tries to identify eligible students. To this point approximately an additional 2,500 students have been identified through the ADE computer. The process of administering and arranging for services has begun. As AIEC is the only independent contractor, many of the referrals for service will be directed toward our agency.

The impact of this program has been felt throughout the service area in southern Arizona. The first year of service began with 115 students in 4 districts. As these were only elementary districts, there was no need to contact schools for the identification of dropout students.

The second year of service expanded to include 3 high school districts. The high schools had a combined population of 53 American Indian students grades 9-12. Out of the 53 students only one student dropped out. Approximately 10% of these students entered universities or community colleges. The third year the one student that had previously dropped out came back into the school system and is scheduled to graduate this spring.

During the past four fiscal year, AIEC has identified three major factors of success in this type of program:

1. Program is administered by American Indians, providing role models of persons who have completed higher education degrees.

2. Financial support in the areas which are really needed: Textbooks, class fees, clothing, class materials, graduation expenses, classes for high school credit, extra curricular fees.

In conclusion it must be mentioned that continued financial support to the area of Indian Education is a vital necessity for the continued progress American Indian people have made in the last 50 years. Not only because the responsibility is mandated by trust and treaty and treaty laws, but because the original inhabitants of this land deserve the respect and honor of being the first permanent residents of this country.

Chairman MILLER. Mr. Patterson.

Mr. PATTERSON. I find that the testimony of this panel was outstanding and certainly I do appreciate all of you being here today.

We have Mr. Torres, whose own personal history, 23 years old, started off as an alcoholic at 12, roughly, who has now become an administrator to help other people with the same kinds of problems that he had.

I notice in your testimony you say you did not know what motivated you to seek help but I know if I don't ask you somebody else probably will, but we would certainly commend you for the great hurdles that you have overcome in your own life and whatever it is, if we could bottle it and sell it, we would have a lot of successes out there.

The same, I might say, is true of Mr. Camacho, who started in the fields at 5 with a large family. His father could not continue to work and he is now studying to be a paralegal.

Mr. CAMACHO. I am a paralegal and I also administer the farm worker program in Las Cruces, N. Mex.

Mr. PATTERSON. So you attribute your start to getting that CETA job that got you your first opportunity?

Mr. CAMACHO. Yes, sir. I was pruning at the time and someone told me I could become a lawyer in 1 year.

Mr. PATTERSON. Well, judging by some of the lawyers, and being one, I can say that, but you could do it in 6 months.

I am very pleased to have Betty Shaffer here. She is one of the cofounders of Child Care Advocates. That bill that I announced earlier, H.R. 4465, is going to be dedicated to you, Betty, if we can get it passed, because it was really that tragic incident that you and the cofounders of this Child Care Advocates who really talked with me about it and we worked toward it and I hope that we can get every member who is here today, every member of the committee, to cosponsor the bill.

Because I think if we had a tax credit for employers who provided child care, we would find that all of those, Mr. Camacho and Mr. Torres and the others we heard from in Salt Lake City and across the country, we just give them a little bit of help that they need at a very critical point in time.

The same is true. It is not all poverty and low income either. It is certainly all across the board. Single parent families, most of whom are female headed, but not all, could keep most of their paycheck and not have to pay it all out in rent, food and child care as they

do now I think we can have a healthier and stronger society and healthier children.

We will push this bill hard and hope it gets through. It is only one of a number of things, even though our committee is in the information-gathering stage more than we are the legislative, at least for me it is a legislative launch of a bill that I hope will be one of many issues that we will address to help the family survive and get stronger and children have healthier and happier home lives.

Nancy Claxton, thank you for plugging my bill. I was just amazed because we get a lot of data at hearings like this.

By 1990 you said there would be more children in child care than in the school system. Just think about that.

If child care were available at either a nominal or reasonable cost, we would certainly get our children, our most precious resource, off to the right start in life.

We give it a lot of lip service but we don't back it up with many dollars from Washington or the States or local government. It is going to take all that and it is going to take the partnerships of private enterprise and volunteers and all of us together just to try to make it happen.

You know, at noon I was talking with some of the press and they said, what is going on with the family?

Well, I guess simply it is not all Rock Hudson, Doris Day movies or "Father Knows Best," TV series or "Ozzie and Harriet."

We have got real life situations here where dads are out of work. He is yelling at the kids. He is about to get a divorce and he may be drunk tonight. We have got mom working two jobs, one at the office at 59 cents on the dollar compared to what men are getting; one at home with no thanks probably from the family.

She is tired, underpaid, overworked, and she is also yelling at the kids.

The kids are at home alone. They get together with other kids hanging out somewhere and they get their start, as we have heard, some at the Youth Guidance Center, picking something up off the shelf at Seven-Eleven and if they don't get caught this time, they may get caught next time, and they start getting into trouble because they have, as we were told, nothing to do.

I have probably used all my time, Mr. Chairman, not asking my questions, but just wanting to thank this panel for your input to us, which is vital.

We carry this message back to Washington, D.C., and it will be heard loud and clear.

Chairman MILLER. Ms. Shaffer, what kind of response are you getting from the business community in Orange County with respect to child care?

Ms. SHAFFER. The initial response we have had is one of interest, but no commitment so far.

Chairman MILLER. Sort of like dating?

Ms. SHAFFER. They certainly have, in our fund-raising activities, been able to enlist the support of some major corporations in Orange County and we feel that that will, since they now say that they support us, that that will put them in a position where they will want to look at their own child care employee needs.

But I do believe that it will happen when the incentives are there because, when we discuss incentives, their eyes light up. They say, well, talk to us about that. So I do think that that will make a big difference, as Congressman Patterson said, that once it becomes obvious to them that there is a benefit to them to provide child care to their employees and that they can see higher productivity as well as that there can be some kind of a business advantage which is profit, they will do that.

Chairman MILLER. We are going through the same problems in Contra Costa County. Friday morning we had breakfast with a number of chief executive officers of corporations. Our county started an employee-sponsored program with Safeway Stores and Standard Oil and a few of the high technology companies, and I just wondered what kind of response you were getting here. Those who are already participating obviously view it as a tremendous benefit in terms of future productivity and recruitment advantages.

Ms. SHAFFER. One of the problems in Orange County, there was an effort in 1980 by employers especially in the Irvine industrial area, to look at this issue and they did see it as a recruitment issue, however, as the economy turned around it was one of the programs, as housing and some of the others, that they could pull away from.

We want to demonstrate that it is not a recruiting issue, but it has to do with on-the-job productivity of all their employees on a continuing basis.

Chairman MILLER. Mr. Torres, when we were out at the Youth Guidance Center this morning we had a chance to talk with a number of the students and ask them why they were there. A good number of them could not stay out of other people's homes, but a very large number of them cited alcohol and in further discussions they mentioned drugs and alcohol as interchangeable almost in terms of the prospects of eventually ending up at the youth guidance program.

You obviously have been the full distance with respect to alcohol. It is a problem that I think is rapidly percolating to the surface in our society with respect to the problems it is creating among young individuals.

We have seen the Mothers Against Drunk Driving, who just decided this is a waste of human life. We have seen turn-arounds in the drinking age. There is some real concern now about various ways alcohol is promoted on campuses among college students.

As you interview these young people in the Spanish community, I wonder what do you think in terms of prevention?

Mr. TORRES. Probably what we are doing at the present time going out into the community and letting them know what the consequences of alcohol and drug abuse are, how that affects the family and themselves too, how they can be wasting their energies using alcohol and drugs and implement those energies going to school and finding some kind of meaningful activities for themselves.

There are a variety of ways of communication, which is the media, radio, TV.

Chairman MILLER. Do you think you can compete with the beer ads that suggest that drinking is what successful athletes do and that drinking is part of success in America?

Can you compete with that in terms of trying to convey the negative consequences?

Mr. TORRES. No. What we can do is to put another kind of model that other people can reflect themselves from that. We are bombarded with models and it could be either seen in a positive or negative way, depending upon the viewer.

I think in the young people they can have other models which can be overlooked in comparison with these models that are presently being presented by the media.

Chairman MILLER. Which has been done, I think, with respect to concerns over drugs using people who live a drug-free life as successful models for young people.

Mr. TORRES. What we do is condemn drugs and alcohol. We don't need to condemn them, we need to help them.

As myself and many people don't even know what they are doing really.

Instead of punishing and condemning them, we have to love and care and help and take care of them. We can't put them in a safe box and treat them, but they must be responsible to themselves and the family. The family should be educated also. Everything starts from the family, I believe.

Chairman MILLER. Mrs. Wynn and Mr. Camacho, let me say especially to Mrs. Wynn, those statistics about the University of Arizona are rather alarming for a State run school with that kind of Indian population. You not only raise issues about the university and who they are accepting, but you are also suggesting that the high schools are setting different standards for minority students, including Native Americans which simply do not properly prepare them for admission to college.

Is that what you were saying in your testimony?

Mrs. WYNN. Yes, sir, I am. There are unofficial ways that counselors and other individuals who help students select classes in terms of tracking students to put them in non-college-bound tracks.

Chairman MILLER. Well, I am glad you raised this issue. We had a number of other issues raised by a representative of some of the Indian tribes in Montana. I hope this committee could take a more in-depth look at Native American families. It would be very useful to look at a number of the issues that have been raised by Native Americans in Minnesota and Salt Lake City, and here, both in regard to reservation Indians and nonreservation Indians.

I appreciate your testimony as a precursur to any later hearings we might have on families with particular problems. I am also interested in migrant families.

They are families who move on a continual basis, and I dare say provide us with some of the finest and cheapest food in America. But I have some serious questions about what the real cost of that food is when you factor in the prices those families are paying. Again, we consider those problems to be rather unique, and hope to get to them at later hearings.

One of the reasons we have tried to include these kind of components in our regional hearings is to allow us to learn enough to

target them as part of next year's work. In any case, thank you for testifying.

Mr. Weiss.

Mr. WEISS. Thank you very much, Mr. Chairman.

Mrs. Wynn, I wonder if you would expand just a bit on the issue that you raised on the residential status problem?

Mrs. WYNN. Some of the things that were seen in the field is that students and their families are eligible for different services. The Bureau of Indian Affairs has one definition, for example, of needing to be one-quarter federally recognized degree of blood and the Department of Education has another definition and that is just any member of a federally recognized tribe.

We are seeing that students that would qualify for one service do not qualify for another service. Students that attend these schools would not necessarily qualify for the same services that are available for the public schools.

So the transitions are made between the reservations and off reservation areas, it becomes quite confusing to the students and they are the ones that end up suffering in the end because no one can make a particular decision.

They end up qualifying for no services or being able to receive limited services.

Mr. WEISS. Is there an ongoing fight the last couple of years on continuing to provide support for the Native Americans who are off the reservations?

Mrs. WYNN. That is correct. That is primarily the direction that this administration is taking. President Reagan, as Governor of California, was able to terminate Federal recognition of many tribes and bands in the Federal area and that is primarily the same type of direction that is being taken now in terms of trying to terminate these special treaty and trust relationships with the Government and tribes.

Mr. WEISS. Thank you very much.

Mrs. Shaffer, in the course of your testimony I note the statistics that you cite about the percentages of all marriages which end in divorce in Orange County, 48 percent, and I find that sort of instructive. I don't know if you were here earlier, but throughout the course of our discussions among members of the committee over the course of this past year there has been sort of a recurrent theme on the part of some of the people and they reflect a sentiment in Congress and across the strata of American society that in some way there is an erosion of moral fiber in American society that is best reflected in the divorce rates and you can't really get around to talking about really solving any of these other specific problems until you do something about solving the underlying moral problems and get people to stop divorcing one another.

Here we are in Orange County, which I always thought was sort of a standard model of all that is most moral and noble and high-minded about American values, and yet you have this very high divorce rate. What do you think Orange County is going to be able to do about that?

Ms. SHAFFER. Well, I can't really speak for the whole county, but I agree with you that Orange County represents the traditional American values in other places, high moral standards, but we also

have many things here which do contribute to pressures on the American family.

I can't really speak to your question directly and say what can we do or what causes it in Orange County, I, myself, being a divorced person in Orange County after 24 years of marriage. I have other experience in other parts of the United States. But the real issue here is how to support the family whatever its character. Parents need to know that their children are safe and cared for whether they are married or single. We must find ways to provide this support for the sake of not only the family but the child. Our concern is the children.

I agree that it is a real problem we have to solve. In regard to the child care issue as much as I would like for all of us to live in a traditional American family where mother and father are there nurturing and loving and caring for their children, I think what we are trying to communicate is that until that comes to pass that we need to support families in their present structure, and if that present structure is a single parent family that we need to give that single-parent family the necessary support so that they can provide a loving nurturing environment for that child until such time as they remarry or throughout the period of that single parenthood.

And in order to do that, there have to be adequate child care facilities where nurturing, loving and caring goes on for those children. My concern is the children, whatever the structure of the family.

Mr. WEISS. Thank you very much.

Thank you, Mr. Chairman.

Chairman MILLER. Congressman Fish.

Mr. FISH. Thank you.

I would also thank the panel. Ms. Claxton, I am very thankful for your bringing to our attention the Federal regulations pertaining to Federal migrant child care with relation to the five meals because those are things that we should consider in the near term.

I guess I should address my questions largely to you and to Ms. Shaffer and Ms. Wynn because you know what you were talking about. I think the record would be helpful because we are going to have to explain this to people who are even more ignorant than ourselves, the other Members of Congress who haven't had the benefit of these scores of hours of hearings. I would like to get definitions for some of these phrases you used, and I think they come under the heading of "Out of Home Care."

The first would be center-based programs.

Ms. CLAXTON. A center-based program would be a child care center as opposed to care provided in a family day care home, which would be a mother taking other families' children into her home or the other terminology, the third type of care would be inhome.

Mr. FISH. Before you get to that, the family day care is where a mother of presumably one of the children in the center looks after all the other children while the other mothers go to work.

Ms. CLAXTON. A family day care mother is not necessarily related to any center day care. It is just a woman with children who

takes other people's children into her home and cares for them when their mothers go to work.

Mr. FISH. So that would still be out-of-home care because it is not the child's home. So the center based would be a woman looking after other people's children not in her home?

Ms. CLAXTON. It involves more than 12 children. For example, our centers average 60 children each.

Mr. FISH. What is a parent-supported before or after school care program?

Ms. CLAXTON. It means that the program is entirely supported by parent fees, that the district is not contributing any funding to that or there are no public moneys coming to that. It is strictly supported and financed by the parent fees.

Mr. FISH. But it is physically located on the school premises?

Ms. CLAXTON. That is correct.

Mr. FISH. And employer-assisted child care?

Ms. CLAXTON. That means that the employer is supporting child care either through direct operation of a program or through cash benefits as part of a fringe benefit program for the employee.

Ms. SHAFFER. There are a variety of programs. One is a voucher system in which the employee has a voucher and can use or spend that voucher either in a family day care home or some kind of a child care center. There are nonprofit corporations in which you have a consortium of employers who would provide a child care center or facility which their employees use and that might even be open to other people in the community.

And then you have onsite child care where the employer might actually provide for the care of the children in his own premises.

Mr. FISH. One of you was talking about latch key children; I got the impression that they were in primary school?

Ms. CLAXTON. That is correct. They are from kindergarten age through sixth grade. They are called latch key children because they nortoriously carry a key around their neck.

Mr. FISH. So we were talking about what we call back home middle school or junior high or high school children as latch key children. You are talking about very young children, 5 or 6 years old.

Ms. CLAXTON. That is correct. The neighborhood where we operate our center in Huntington Beach, other than the children that come to our center, I would say probably most of those children are going home to empty homes, no one at home, and they are kindergarten, first, second, third.

Mr. FISH. Has any thought been given to greater utilization of the public school building, the physical plant? I gather latch key children are caused by two factors: one is the parents are not at home when school lets out, and the other factor is that school lets out so early.

Ms. CLAXTON. That is right. Two of our programs are using public school facilities to operate before and after school care programs, and in California, we have a very large, as compared to other parts of the Nation, program of before and after school care through our public school system, and those programs, generally speaking, are operating on school sites. And, of course, the bill that I have mentioned, H.R. 4193, addresses this issue of making more

use of the public schools, and it seems particularly for the before and after school care needs that this can rather quickly address that issue.

Mr. FISH. H.R. 4193, providing someone for the school-aged child. What about the school staying open a couple more hours to 5 or 5:30?

Ms. CLAXTON. Well, I think my colleagues in the K through 12 system say they need more money, too.

Mr. FISH. I know it is going to be expensive, but I think having latch key children is going to be a frightful cost at some point to us. I think there must be a cost in terms of the teenagers in high schools who don't leave school to go to work and also don't have a place to go to with any supervision.

I just wondered why there cannot be a whole myriad of programs, athletic programs for some and musical and theatrical programs for others. Obviously, you have time to sandwich in morning programs. For some, schools are only open for a few hours a day, half a day.

Ms. SHAFFER. If I may address that, part of the problem that we have faced in school districts on that issue is enlightening school boards that they should make those facilities available. They have been paid for by taxpayer funds, and we should be able to use them for our children's needs.

However, there are those people in the community who don't feel that that is an appropriate function of the school. So it is an education program. It is an enlightenment program which is one of the things that our organization is dedicated to doing.

Mr. FISH. Thank you very much.

Thank you, Mr. Chairman.

Chairman MILLER. Ms. Shaffer, in your testimony, to follow up on what Congressman Weiss said, you said that 48 percent of all the marriages in this county end in divorce. Do you know the ages of the individuals and when on the average, children leave home relative to the time of divorce?

I assume that Orange County is a relatively young county?

Ms. SHAFFER. It is like any other county. We do have in the testimony some statistics on the composition of households. I asked for that information for you. We expect it momentarily, and I will be very happy to forward that information to the committee as soon as it becomes available. We are preparing that right now in our advanced planning division in the environmental management agency as part of our housing element, and we will be very happy to forward that information.

Chairman MILLER. I think that would be helpful because there has been some suggestion that if the divorce trend could be reversed that everything could work out.

Also what concerns me in some of the hearings that we have had is the suggestion that there is a stigma attached to being a single parent head of household, either male or female, and that it is somehow abnormal to be a single parent. This living situation presents a range of difficulties, but it is certainly not my intent to pass judgment on why people choose to no longer live together in a particular situation.

Passing judgment is not the purpose of our concerns. It is to suggest the ramifications of the situation that is created with regard to the new arrangement. As as we learned in our first hearing, single parenthood is one of the greatest contributors to poverty in America today.

We ought not to get into finger pointing. The finger might go in the other direction in some instances, not at a mother who has ended up with a child who is now struggling to keep her head above the water. That is not the purpose of the investigation of this committee or the focus of our concern with the single-parent families.

The statistics coming out of Orange County should affect the perceptions that people have. Making divorce a felony will not be the solution.

Thank you very much for your testimony. Again, let me say to you the topics and the concerns that you have raised will not be dropped here at the end of the hearing. We will start selecting some of these for more in-depth investigation by the committee. Thank you for helping us initiate that.

[Applause.]

Chairman MILLER. Next we will hear from the panel made up of Jeanette Dunckel, Dr. Perry Bach, Dr. John Meier, and Georgia Vancza.

There are many individuals who wanted to have some input into this hearing. We simply could not identify all of those who sought to testify. The file on this hearing will remain open and if you have written comments that you would like to make, we certainly want to invite you or others that you may know of to do so, and you can simply do that by going through Congressman Patterson's office if you are from this area, or directly through the select committee in Washington, D.C.

We are not trying to limit the scope of testimony. Our problem is simply one of time, as you can see. We have already had a number of members who have come great distances who have to get back to their districts on the east coast and elsewhere.

With that, welcome to this panel. Thank you for coming before us and, Ms. Dunckel, we will hear from you first.

STATEMENT OF JEANETTE DUNCKEL, CHAIRPERSON, CALIFORNIA FOSTER CARE NETWORK POLICY BOARD, CHILDREN'S RESEARCH INSTITUTE OF CALIFORNIA

Ms. DUNCKEL. Thank you, Mr. Chairman.

I would like you to know I have indeed summarized my testimony. I have taken out all the adjectives, and this should only take about 6 minutes.

I am really very thankful that you have invited me here today to give you an overview of foster care in California. When I am talking about foster care, I mean children who are the State's children, those children who are out of their own family homes and really have no parents of their own.

I am Jeanette Dunckel, and I am chairperson of the California Foster Care Network Policy Board. The Foster Care Network is a project of the Children's Research Institute of California which is a

private, nonprofit organization supported by foundation funds throughout California. We have 10 regional networks whose citizen volunteer members are monitoring the implementation of Public Law 96-272, which is the Federal Child Welfare Act and Adoption Assistance Act of 1980, and the California implementing legislation which is SB-14.

Public Law 96-272 was passed in 1980 with overwhelming bipartisan support, thanks a great deal to Mr. Miller and Mr. John Rousselot from Los Angeles. It was bipartisan because it addressed the problem of great numbers of children in the United States simply growing up in foster care without any type of a permanent home. This is despite the fact that the National Council of Juvenile Court Judges has told us repeatedly that these children run a great risk of ending up in the criminal justice system as adult criminal offenders or back in the social welfare system as adult clients.

Public Law 96-272 gave the State three basic mandates. It says that you may not remove a child from his home unless you absolutely have to. If you have to remove him, you should reunify him with his family as quickly as possible. If that is not possible, you should find an alternative permanent home for him which includes adoption.

SB-14, our California implementing legislation, has only been in effect just a little bit over a year. As a matter of fact, we are just within the last 2 months implementing the preplacement preventive service aspect of the Federal law. Nonetheless, our regional networks are seeing all over the State really rather dramatic improvements occurring in the foster care system of California.

You heard earlier about some of the problems and the stumbling blocks that Los Angeles has encountered, a matter of the sheer size of the foster care population in Los Angeles. Generally speaking, throughout the State our regional networks are reporting extremely positive attitudes toward the policies that are contained in the law and people working as best they can, and we are really seeing some dramatic forward movement.

I must say that some of these improvements started before SB-14 was passed and are a result of Federal leadership in passing Public Law 96-272 in 1980. I would like to give you a case study that the San Francisco regional network has been reviewing. I think it will give you a good idea of the types of children in foster care and some of the reasons that they get into foster care and also, in illustrating what could have been different with this child's story, demonstrate some of the improvements that we are seeing in the foster care system.

Alex entered the foster care system actually before the reforms were in place, quite a bit before, and his problems began at the age of 2 when his mother deserted him and left him in the care of a father who was abusing him. It is important to note that that father was also abused as a child, which is a fairly typical situation.

Between the ages of 2 and 5, Alex was repeatedly referred for child abuse, malnutrition, and neglect. He was hospitalized a number of times with scalp wounds, cigarette burns, black and blue marks, all the signs of child abuse and neglect.

Finally, at the age of 5, he was made a dependent of the court, but he was allowed to remain at home with his father so that he endured another year of abuse, and at the age of 6, he was placed in a psychiatric hospital because he was exhibiting some emotional disturbances.

From the psychiatric hospital, he went into residential treatment where he stayed for a number of years interrupted for a very short period of time because his natural mother, who had gone to Connecticut, decided that she wanted to reclaim him. While he was with her in Connecticut for 4 months, she placed him in three different emergency foster families and finally shipped him back to California.

He went back to the psychiatric hospital and today at the age of 12 he is residing in the State hospital. Unfortunately, this is a typical example of an escalating problem that has not been addressed in timely fashion. It is Public Law 96-272 that for the very first time gives us a framework within which timely decisions must be made to protect these children or to find them alternative placements.

In thinking about Alex's case, if he had been in the system after the legislative reforms were in place, he would have been undergoing regular court reviews every 6 months. We find that this is one of the most important improvements in the system. The reviews focus on the services that are being offered the child and his family and whether or not there has been any progress toward resolving the problem that got the child into the foster care system in the first place.

At the 1-year point, or the 18-month point, depending on the case, a judge has to decide whether or not that child is going to return to his own family or whether there is going to be a need to find a permanent placement for that child. The chances are good that Alex would never have ended up in a State hospital.

In addition, Alex's caseworker would have been working on his permanency plan from the moment he entered the system.

Another improvement we are seeing in California, which also would have helped Alex, is that a number of innovative services are now springing up in a number of counties where the county is actually contracting with private, nonprofit agencies to provide the services to either protect the children or reunify the families.

In California, we also have the San Mateo County experience. San Mateo in 1976 was one of two counties in a pilot project. The project has the same premises as Public Law 96-272. As a matter of fact, Public Law 96-272 more or less sprang from the Family Protection Act that started with San Mateo and Shasta Counties.

San Mateo has developed a continuum of family support services. When I say family support, I mean family care workers, respite care, day care, parent education, psychiatric services, transportation services, which I think many of us tend to forget about. but if you haven't got a car and you don't have good public transportation, you can't get to your medical appointments. San Mateo County has developed the services both in their public welfare department and the private, nonprofit sector.

They have seen a decrease by 45 percent in the average length of stay in foster care in San Mateo County. It is a little too early yet

and SB-14 has not been in place long enough yet, but the impression currently of people working with the State department of social services is that the average length of stay in foster care in California is decreasing. We should have some better figures on that by the end of the year.

San Mateo also saw a dramatic increase, from 54 percent of the caseload to 79 percent of the caseload of children who actually could stay at home and never had to be removed.

We do have a critical remaining problem in California, and that is inadequate resources to give us the staff and to provide us with those direct services to support and reunify families. The Federal cuts in title XX and the failure of title IV(b) to keep pace with the costs occurred at the same time that we began to see an enormous increase in calls to the emergency response lines--Sacramento County, for instance, has experienced an 85-percent increase in calls over the last couple of years—what has happened is that the child protective services workers who are the front-line defenders, the ones who respond to the abuse and neglect calls, have been laid off in all counties in California.

In San Francisco, they carry a caseload of 30, which is large. In Los Angeles, they carry a caseload of 79 to 106 children. So it is almost impossible for those workers to do anything except remove the child immediately from the home for the safety of the child. To try to support the family and leave the child at home would be too risky.

I want to say, however, in the last month or so, we are beginning to hear from our regional foster care networks that there are some innovative steps being instituted with the child protection services workers, and some of the counties are developing emergency response units that have very small caseloads so that they can address this problem specifically.

To end more or less on a positive note, the Network is very familiar with the case of a woman whose case shows that adequate services can indeed work miracles. This woman was a heroin addict when she gave birth to her baby, and he was also addicted. The woman had a long history of violence. This would be a typical case where you would want to remove the child from the family.

Instead, the woman was referred to a family care worker's program, a private, nonprofit, 70 percent public funded program in San Francisco. The family care worker worked for a very short time, only one month, 3 days a week, 4 to 5 hours each time. The worker put her in touch with community resources.

The most common description of these families that are falling apart is that they are very isolated and that they are generally overwhelmed. Often their children are very difficult, or they have medical problems.

The family care worker was able to put this woman in touch with her community resources, including her church group, and we have heard that churches are particularly effective in overcoming the isolation of some of these families. The family care worker program has done followup contacts with her, and she has made the successful transition to managing her own life and caring for her baby and is actually enjoying her motherhood.

To sum up, I would say we are definitely seeing some major improvements in the foster care system. We still have a way to go. We need expanded Federal support for the title IV(b) and for title XX where our money comes from for the foster care children.

Thank you.

Chairman MILLER. Thank you.

[Prepared statement of Jeanette Dunckel follows:]

PREPARED STATEMENT OF JEANETTE DUNCKEL, CHAIRPERSON OF THE CALIFORNIA FOSTER CARE NETWORK POLICY BOARD, CHILDREN'S RESEARCH INSTITUTE, CALIF.

The California Foster Care Network thanks you for inviting us to testify and welcomes this opportunity to come before the House Select Committee on Children, Youth and Families to discuss the status of children in foster care in California.

My name is Jeanette Dunckel. I am the Chairperson of the California Foster Care Network Policy Board. The network is a five year project of the Children's Research Institute of California, sponsored by several California foundations, to involve concerned citizens in California with the issues surrounding the treatment of foster children in the state. The ten Regional Foster Care Networks have worked in their local communities to monitor the implementation of SB 14, the state legislation to implement P.L. 96-272, the federal Adoption Assistance and Child Welfare Act of 1980. The Networks also assist in making improvements in the care of foster children at both the local and state levels. I would like to describe some of the dramatic improvements which have occurred in California in the care of foster children as a result of P.L. 96-272 and SB 14. This will be followed by a review of problems left unresolved by these recent legislative innovations.

The federal Adoption Assistance and Child Welfare Act of 1980 was passed with overwhelming bipartisan support to improve the lives of children in foster care, and to address the fact that large numbers of children were growing up in foster care in the United States without permanent families. Statistics cited by the National Council of Juvenile and Family Court Judges indicate that one-third of the children in foster care in the United States never return to their families, a finding which is borne out in California. The Council has also stated that children raised without permanency and security in their lives are at greater risk for returning to the courts as criminal offenders and to the social welfare system as adult clients. A 1981 report by the Auditor General of California indicated that the length of time for 39% of the children in foster care exceeded three years, a fact that by itself is unsettling, because it has been known for many years that children who remain in foster care for 18 months to 2 years are rarely placed in permanent homes. The average number of times a child was moved from one home to another in foster care was 2.3. Thirty-one percent had been in three or more placements; nine percent had been in five or more placements.

The federal Adoption Assistance and Child Welfare Act and California's SB 14 provide for the first time a decision making framework within which the state must work to (a) prevent the need for removing children from their parents, (b) reunify families as soon as possible after children have been removed, and (c) provide a stable and permanent living situation (including adoption) for those children who cannot be returned to their families.

Before addressing the specific improvements which have occurred in California, I think it is critical to note that many of these improvements began having a positive impact before the State enacted SB 14. P.L. 96-272 stimulated many county improvements even before a state mandate existed. This type of federal leadership and statement of the national consensus and national goals for foster children has played an important role in California, and, undoubtedly, in many other states as well.

How did the foster care system function prior to P.L. 96-272 and SB 14? The story of Alex illustrates some differences these laws could have made in his life:

Alex's problems began when he was two years old and his mother deserted him, leaving him in the care of his father who had been abused as a child by his father. Alex's father had been a ward of the court and eventually had been committed to the California Youth Authority for four years. In 1976, when Alex was four years old, he was found in rags with a distended stomach, in a grocery store eating powdered milk, pretzels, and sugar. At that point he was referred to emergency services. Two months later he was hospitalized for neglect and malnutrition, and the hospital referred him to a child care center. Emergency services again became necessary, this time in response to the child care center's report that Alex was black and blue

and had a cigarette burn on his wrist. Over the next ten months Alex was referred to emergency services twice, admitted to the hospital with scalp wounds and lacerations, and showed signs of emotional disturbance. Although his father and stepmother were referred to therapy, they didn't follow up on the referral. Finally, the police again picked up Alex, who was wandering at night, and a dependency petition was filed on behalf of this five year old. Alex was sent home to live with his father under joint supervision of the Child Protective Services and the Probation Departments. One year later, after other incidents of abuse and neglect, the child was hospitalized in a psychiatric hospital. Six months later he was admitted to a residential treatment center, when he remained for two and one-half years. In October 1980, his natural mother hired an attorney and had the child returned to her in Connecticut. She was unable to cope with his behavior, and he was placed in three emergency foster homes during the four months he was in Connecticut. She sent him back to the California residential treatment center, where he stayed another year and eight months. The center could not serve him adequately, so he was discharged to a psychiatric hospital, and one month later Alex was transferred to a state hospital. He is now 12 years old, living in the most restrictive setting possible, a victim of repeated disrupted relationships, neglect, and abuse, and repeated placements and institutionalized. His treatment planning conference summary says, "To his credit, he has gained rather more skills than one would expect and has not given up hope. Prognosis for successful independent living must remain quite guarded, however."

If the foster care reform laws had been in place, Alex's story might have been different. To begin with, under SB 14, during the one year before dependency was filed, emergency services could have arranged for his family to have the services of a family care worker, who would work in the home to improve the situation there. Once the dependency was filed, Alex and his family would have had a court review of their case, at the six month point, with a full report of services offered and the degree of success achieved in changing the home situation. Failure to comply with court ordered services would have meant that Alex would have been removed from the custody of his father. During his years in the residential treatment center he would have had regular case reviews, with a decision on his permanent placement coming at the 12 month point. His mother's attempt to remove him would have been countered by a report on the harmful effects of such a move, and the center's report to the court on his progress, with recommendations on further disposition of his case. The chances are good that Alex wouldn't have ended up in a state hospital, because decisions would have been made all along the way about the suitability of his parents as caretakers, and if they were determined to be unsuitable, a permanent environment would have been found for him within an appropriate period of time.

Instead he was abused for six years, and needed more and more intensive treatment, which was interrupted, he was placed at great distances from his family (the treatment center was several hundred miles from his home), and the four years of residential treatment were wasted, at $2,000 a month. His stays in the psychiatric hospital cost $300 to $400 a day, and the State hospital costs $150 a day. In contrast, the framework in P.L. 96-272 and SB 14 would have provided him protection and helped him achieve stability within a set period of time, and would have provided the court with better, more complete information on which to base its decisions.

Alex is just one of approximately 28,000 children in California foster care. Of these children, about 21,000 are cared for in foster family homes, and about 6,600 are in group homes or institutions. The total cost for maintaining these children for state fiscal year 1982-83 is estimated to be $214,900,00, with the federal share being $50,500,000, the state $156,200,000, and the county $8,200,000.

Very young children in foster care exhibit relatively few problems of their own and tend to enter the system because of parental abuse, neglect, abandonment or mental or emotional problems. Older children often enter the system suffering from mental, emotional or behavorial problems of their own in addition to parental abuse or neglect. A recent publication by the California State Department of Social Services reported that in March 1981, 44.9 percent of all children in foster care had "a diagnosed physical or emotional problem for which a special plan had to be developed." In a study of group care conducted by the Children's Research Institute in 1981, it was found that the typical group care is an emotional disturbed adolescent with a history of parental marital instability, personal behavior problems, poor mental health, and learning difficulties, and probably has two prior out of home placements. Eighty-five percent have a history of missing parents, change of parents, or similar types of family instability. These children are disproportionately from low income families, and are in foster care because they need protection from

parental abuse or neglect, or because of their own uncontrollable behavior or problems. California Foster Care Network members all over the state are reporting that increasingly difficult children are entering the foster care system.

Since the introduction of P.L. 96-272 policies and procedures, a number of improvements have occurred in California in the care of children out of their own homes:

1. Improvements in juvenile court processes, with six months foster care review hearings which focus on the progress made on achieving the goal of permanency for a child;

2. The orientation of all service planning and delivery to achievement of permanency for children;

3. Reduction in foster care placements and increases in permanency in counties which have followed the P.L. 96-272 mandates for a period of years; and

4. Innovations in the services counties offer through contracting with private agencies to provide 24-hour protection for children and achieve reunification for families.

First of all, the Juvenile Court review hearings have stimulated much more intensive information exchange between the juvenile courts and the county welfare departments. In some places this has been helped by the development of guardian ad litum or court appointed special advocate programs involving trained volunteers in investigating and reporting to the court in the best interests of the child. This closer working relationship between courts and welfare departments has stimulated more training for child protective service workers, closer ties between child protective services and adoptions, and juvenile court innovations such as the mediation process. The Los Angeles Juvenile Court is used to help parents and child protective service workers reach agreement on the foster care permanency plan without having to resort to litigation of the issues. Foster Care Network members report that, in general, juvenile court judges have reacted favorably to the new laws, and in many instances the judges believe they now have the authority to do what they have always believed should be done for children in foster care.

Secondly, the specific requirements for permanency plans and court review of its progress have changed the focus of all service planning and delivery. Child protective caseworkers now have clear responsibilities to investigate and plan for permanency alternatives: first, return of the child to his or her parents; second, termination of parental rights and adoption; third, permanent guardianship; and fourth, long term foster care. Counties report that the timeliness and the more frequent contacts caseworkers have with children, foster parents, and natural parents have enabled them to reunite families and promptly place or maintain children in permanent homes.

As an aside, it should be noted that permanency plans for foster children who have a special need are difficult to formulate because of the financial burden placed on parents who may adopt them. In California, this problem was addressed long before the framework of SB 14 came along. In 1968, California instituted its Adoption Assistance Program, which provided basic financial support to special needs children after adoption. Since 1971, when the program took its final shape, it has facilitated the adoptions of special needs children. The impact of this program is compelling. Information from the State indicates that in recent years almost twenty percent of all children adopted have been served by the State's Adoption Assistance Program. In the past year, the State's program has been replaced by the federal Adoption Subsidy program, which is expected to encourage more adoptions, because the subsidy continues to age 18, rather than ceasing after five years of support as the California program did.

All in all, the introduction of programs to achieve permanency for foster children has meant increased workloads and responsibilities for the courts and the public agencies; the effort needed to coordinate new procedures and activities has put a tremendous strain on them. Nevertheless, in most counties, Network members have found that remarkable progress has been made in instituting these changes successfully, and that attitudes toward the policies in the new laws are very positive.

Although it is too soon to cite any hard data, the impression of those gathering information for the State Department of Social Services is that the average length of stay in foster care is decreasing. If this impression is confirmed by further analyses, it will be welcomed by those of us working to improve the lives of foster children. The status of children in foster care prior to SB 14 was distressing. In a report profiling California foster children in March 1981, the average number of months that a foster child received services was 49.7 months, and the median length of time was 23.5 months. Hard data on trends concerning the length of stay in foster care since the implementation of SB 14 will be available by the end of this year.

A third improvement is that a reduction in foster care placements and increases in permanency have occurred in two California counties which served as models for foster care reform by participating in a pilot program, the Family Protection Act, beginning in 1976. The FPA (SB 30) was extended in 1980 by AB 35. It rests on the premise that, given adequate support, the natural family is the most appropriate setting for the child; the intent of the law is to protect children optimally and cost effectively. A large portion of FPA services is geared toward supporting the family, e.g. family care workers, parent counselling groups and parent education classes, out-of-home respite care for children when parents need relief or are in crisis, and legal representation for minors. Many services are provided through contracts with community agencies. The results of the program in San Mateo County are impressive:

1. The percentage of children remaining in their own homes has increased from 54% of the caseload, pre-FPA, to 79% for the four FPA years studied.

2. Fourteen percent of the FPA caseload was placed in alternative permanent homes; 27% of the pre-FPA children were so placed (this reflects the lower number of children who could remain home).

3. The average length of stay in foster care, prior to FPA, was 653 days. The stay has been reduced to 360 days, or a 45% reduction.

4. The average foster care caseload was approximately 610 per month, pre-FPA. A gradual reduction has occurred to 414 per month. Reinjury cases represent approximately 12% of the caseload.

5. The drop in the foster care caseload resulted in a corresponding drop in AFDC-FC payments. This total aid saving minus the administrative cost of the FPA program resulted in net savings of $77,000 in 1977-78 and an estimated savings of $832,000 in 1981-82.

Finally, some counties have changed the way they provide services and are contracting with private agencies to provide 24-hour care. I have previously mentioned San Mateo's extensive use of private agencies. San Francisco, without benefit of the special FPA program, does the same. Despite the lack of precedent at all levels of government, to provide temporary inhome caretakers' services, the privately operated Emergency Family Care Program now receives 70% of its support from the city and county. The program was started with money from corporations and foundations in order to keep families together and avoid removal of children from the home. San Francisco has found the program to be cost effective; using a private agency has allowed greater flexibility in service delivery than could be obtained using city and county employees. The program provides 24-hour, seven day a week in-home family care workers whose objective is to help the family gain independence and move away from dependence on public agencies, as well as to work on specific family problems that could lead to removal of a child. It is short-term, intensive assistance. San Francisco also contracts for 24-hour and non-24-hour respite care and parental support services.

Despite all of the improvements which have been stimulated by P.L. 96-272, a critical problem remains which could reach crisis proportion: inadequate resources. In California both Title XX and Title IV-B of the Social Security Act provide money for preventive, supportive and reunification services for foster children. With cuts in Title XX funding (between fiscal years 1980-81 and 1982-83, federal Title XX monies received by California decreased by an estimated 16.9 percent), with the failure of Title IV-B funding to keep pace with program costs, and with California's revenue limitations imposed by Proposition 13, Child Protective Services workers have been laid off in all of the counties. Children cannot be protected without enough Child Protective Service staff (CPS) to investigate all child abuse and neglect complaints, not just complaints of injuries above the waist or to children under 12. The remaining CPS workers have such large caseloads (San Francisco CPA workers, for example, have a caseload of nearly 30, when 20 would be a more manageable size) that only with additional help from the private sector can they make a difference in the placement rate. Foster Care Network members have reported the number of calls to emergency response lines are increasing all over the state. Sacramento County alone has experienced an 85% increase in emergency response calls between 1981 and 1983.

Children cannot remain safely in their own homes without homemakers, respite day care, adolescent psychiatric services, transportation services and similar direct supports to families. These services must be available 24 hours a day when crises arise and when the danger of repeated abuse or neglect is present. Reunification of families often can only be achieved with these same services.

The Marin/Napa/Sonoma Foster Care Network has recently reviewed a case which gives an excellent example of why reunification efforts fail:

Twelve year old Ted was returned from foster care to his father and stepmother in June of 1983. His caseworker was carrying 35 to 40 cases and was unable to provide any follow-up services to the family. By September Ted had run away from his abusive father, this time taking his 8 year old brother with him. Police took the two children to emergency shelter. Ted is now back in residential treatment for at least one year, with the possibility that he could go home with family support services. His brother, whose placement goal is reunification with his family, is in foster care. Residential treatment center staff state: "This family could be reconstituted because the motivation is there. They would need in-home services—family therapy and crisis intervention—because they have transportation problems, and public transportation is scanty. Now the family is falling apart even more, with the removal of the 8 year old. Ted will never go home again, without those services.

In California there is a critical shortage of both caseworkers and services. Network counties report the lack of mental health and counseling services for children in long term foster care and the absence of services for children returning from the state hospital. Moreover, cutbacks in MediCal have reduced the number of visits psychiatrists are able to make. Without more resources for trained staff and effective, timely services, the promise of P.L. 96-272 and SB 14, is a hollow one for California foster children. Worse yet, without adequate staff and services to protect children who are reunited with their families, the lives of children may be endangerd by legal reforms that mandate reuniting children with their families instead of caring for them in a foster care placement. Expanded federal support, as envisioned in P.L. 96-272, is absolutely necessary both to make further improvements for foster children and to protect children who remain with abusive and neglectful parents.

To close on a positive note, the following case study shows what adequate services can achieve:

Jackie was a heroin addict, living in a public housing project when her baby was born. The baby was also addicted and had congenital birth defects. The baby was going through withdrawal and was very ill, and the friend Jackie was living with asked her to leave because of the baby's crying. Jackie was under tremendous stress and was overwhelmed by the isolation of her existence. She had a history of violence and a police record for assault and battery and possession of a weapon. The hospital doctors and social workers who had been seeing the baby referred Jackie to the emergency family worker service. The worker visited her three days a week, four to five hours each time, for one month. He taught her how to care for the baby, made sure she kept medical appointments, helped her find another apartment in the public housing project, put her in touch with a single parents group, saw that she took advantage of supplemental food programs and other social services to which she was entitled, and helped her become involved with a church group. Follow up contacts were made with Jackie by her family care worker, and, when last contacted, she had made a successful transition to managing her own life and caring for her baby.

The care these workers give is time limited and focused on providing specific skills and developing linkages in the community. By restoring this mother and helping her become a productive human being, the family care service prevented the need to remove the child from the home, thereby sparing taxpayers the cost of years of care for the child in out-of-home settings.

STATEMENT OF PERRY BACH, M.D., CHIEF, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES, DEPARTMENT OF HEALTH SERVICES, SAN DIEGO COUNTY, CALIF.

Chairman MILLER. Dr. Bach.

Dr. BACH. Thank you.

My name is Perry B. Bach, M.D. I am a child psychiatrist and chief of Child and Adolescent Mental Health Services for San Diego County, Calif. I appreciate the opportunity to testify before the committee and would like to focus attention on some of the problems faced by children, youth and their families when mental illness or emotional disorders are present.

Symptoms of mental illness do not necessarily look the same in children as they do in adults. It is complicated by the child or adolescent being in the midst of his or her development. Each child's development will vary, with emotional, social, cognitive, physical,

and other developmental aspects proceeding at different rates within each child.

When one adds complicating factors such as environment, community, family, educational opportunities, et cetera, it becomes clear that diagnosing mental illness and emotional disorders in children can be difficult and complex.

Symptoms of mental illness in children and adolescents are often behaviors that would be appropriate at other stages of development or in other situations. A child may be withdrawn, isolated, hyperactive, a runaway, do poorly in school, test limits or even express their internal pain and confusion by causing pain and confusion for others at home or in the community. This is especially apparent when one looks at the population of juvenile halls and detention facilities where there is a high incidence of emotional disturbance among the children and youth whose behavior has caused society to intervene.

Because of the difficulty in defining mental illness in children and youth, it is also difficult to determine its incidence or prevalence. The most recent data indicates that at least 7.3 million children and youth in the United States are suffering from psychiatric disease or disability. Even if only 10 percent of them require professional intervention, there are well over 700,000 needing professional help to effectively meet their needs.

In each community we should have a comprehensive range of services. The children, youth and their families must have access to and actually be able to utilize the services. With less money available, the range of services is smaller and, therefore, more must be spent on services to the disturbed youth whose problems required intervention for theirs or others' safety.

Less money is available for early intervention, prevention, and work with the families. As resources decrease in the private sector or as limits are set on the diagnostic categories that can be funded, there is a proportionate increase in the demand on publicly funded mental health services.

There have been several changes in policy and funding within the last few years. These changes are important because of the large numbers of military personnel and their families. In San Diego County alone, 20 percent of the population is eligible for CHAMPUS funding and also CHAMPUS funding serves as a model for other insurance and third-party payers.

CHAMPUS has decided not to fund treatment for certain legitimate and professionally recognized diagnoses. When evaluation and treatment is not funded for children and youth with those illnesses and with others early in their illness, their problems become more complex and difficult to treat. Should we refuse to treat people with stomach ulcers, heart disease, or cancer because the problems have not yet reached a "significant enough degree" or an immediate life threatening level?

A 60-per day-calendar year limit for psychiatric problems was set. While that is not a major problem for adult psychiatric hospitalization where there are generally short admissions, it is a significant problem on children and adolescents in patient treatment units. No one likes to hospitalize children and youth, but when the psychiatric problems are severe, all lesser levels of treatment have

already been tried and found to be inappropriate, there is no other alternative.

Once hospitalized, adequate time must be provided for evaluation and treatment. When a child is discharged prematurely, he is being sent out with only partial treatment. A mentally ill child whose psychiatric treatment is interrupted just as he begins to open up and trust others will painfully learn not to trust. A child or youth often interprets this as a personal rejection and feels even more unwanted and worthless.

The third area, CHAMPUS terminated coverage for treatment services over a year ago. This level of care is especially important for children and adolescents as treatment allows them to live at home with their parents and to remain in the community.

In our county this has resulted in an increased use of and a prolonged length of stay in the hospital. It has also led to an increase in referrals for residential and group home treatment, thus forcing the child or adolescent who could have stayed at home into a more intensive, expensive, and restrictive level of care.

As a result of these policies, CHAMPUS-eligible children and youth do not get their needs met privately, and they must compete with even more severely disturbed children and youth for limited resources.

I am going to omit from my oral testimony the problems inherent in the area of special education since Ms. Blakemore this morning discussed Public Law 94-142. I only wish to note that the pressures exist to exclude the emotionally disturbed coverage for children under that.

What happens to the mentally ill children and youth who aren't served because there is no funding and no appropriate service available or the services are cut short? Those whose problems are manifested as acting out or delinquent behaviors will end up in the juvenile justice system. Those whose problems and difficulties make them passive will often end up as victims, and they will be found in the welfare and dependency systems.

Still others will become the new, chronically mentally ill population. They start the lifelong pattern of going in and out of mental hospitals and becoming the new generation of skid row derelicts and "bag" people.

Those who have received partial services may function well enough to get it. However, they will not function at an optimal level, and they go out into the community and have their own families, child abuse, neglect and more subtle problems such as feelings of inadequacy and frustration will be conveyed to their children.

When mental illness interferes with a child's early development, it becomes almost impossible for him to deal with subsequent developmental tasks and he gets further and further behind relative to his peers and his own innate potential.

It is my personal opinion that there are four basic needs. First, more resources are needed in terms of manpower and services.

Second, services need to be looked at in the context of child and adolescent development to insure their appropriateness.

Third, there is a need for Federal action to mandate adequate minimum standards when insurance coverage is provided for children and adolescent mental health services.

Fourth, I would like you to consider legislation in terms of its impact and effect on children and youth. Perhaps we need a children's corollary to the environmental impact statement. A child impact statement could be filed as part of any legislation or regulation which would impact children and youth detailing how it would affect them.

Mentally ill children and youth are not going to disappear. They need our help now. We must give it now or pay the greater cost tomorrow.

Thank you.

[Prepared statement of Perry B. Bach follows:]

PREPARED STATEMENT OF PERRY B. BACH, M.D., CHIEF, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES, DEPARTMENT OF HEALTH SERVICES, SAN DIEGO COUNTY, CALIF.

My name is Perry B. Bach, M.D. I am a child psychiatrist and Chief of Child and Adolescent Mental Health Services for San Diego County, California. I appreciate the opportunity to testify before the Committee, and would like to focus attention on some of the problems faced by children, youth and their families when mental illness or emotional disorders are present.

NATURE OF THE PROBLEM

It is difficult to define mental health and mental illness in children and youth, and it can be almost impossible to define specific boundaries between "normal" and "abnormal". Symptoms of mental illness do not necessarily look the same in children as they do in adults. Recognition of the symptoms is complicated because the child or adolescent is in the midst of a period of rapid development. Each child's development will vary, with emotional, social, cognitive, physical, and other developmental aspects proceeding at different rates within each child. When one adds complicating factors such as environment, community, family, educational opportunities, etc., it becomes clear that diagnosing mental illness and emotional disorders in children can be difficult and complex. Symptoms of mental illness in children and adolescents are often behaviors that would be appropriate at other stages of development or in other situations. Symptoms may be seen as simply personality traits or willful bad behavior. A child may be withdrawn, isolated, hyperactive, a run away, doing poorly in school, or testing limits. A child may even express his or her internal pain and confusion by causing pain and confusion for others at home or in the community. This is especially apparent when one looks at the population of juvenile halls and detention facilities where there is a high incidence of emotional disturbance among the children and youth whose behavior has caused society to intervene.

INCIDENCE AND PREVALENCE

Because of the difficulty in defining mental illness, it is also difficult to determine its exact incidence or prevalence. However, as reported recently by the American Academy of Child Psychiatry, ". . . at least 7.3 million children (and youth) are suffering from psychiatric disease or disability." [1] Even if only 10% of these children and youth require professional intervention, it would mean over 700,000 are in need of professional level treatment.

NEEDED SERVICES

To effectively meet the needs of mentally ill children and youth, there must be a comprehensive range of services in each community. The challenge is that we must provide quality services so that those in need have access to and can actually utilize the services while at the same time we ensure that those services can be adequately funded. Community mental health programs in California are the responsibility of

[1] American Academy of Child Psychiatry (1983); *Child Phychiatry: A Plan for the Coming Decade*; Washington, D.C.: American Academy of Child Psychiatry.

county governments. In San Diego County, we have a full range of services for children and youth, although quantitatively we do not have enough in any one category. The range of services includes parenting education, consultation, crisis intervention, outpatient evaluation and treatment, day treatment, therapeutic group homes, residential treatment, case management, continuing care, acute psychiatric hospital and extended hospital services. Because of the structure and range of services provided for children and youth through the San Diego County Mental Health Services system, we are able to monitor the impact on the community when services are or are not available. When there is less money available, the range of services is smaller and proportionately more money is spent on those chidren and youth whose severe emotional problems require intervention for their or others' safety. Less money is then available for early intervention, prevention, and work with the families. As resources decrease in the private sector and/or limits are set on the diagnostic categories that can be funded, there is a proportionate increase in the demand on publicly funded services.

IMPACT OF CHANGES IN CHAMPUS

There have been several changes in CHAMPUS policy and funding within the last few years. These changes are important in San Diego County because of the large numbers of military personnel and their familes. Also CHAMPUS funding often serves as a model for other insurance and third party payers.

(1) CHAMPUS has unilaterally (and it seems arbitrarily in some cases) decided not to fund treatment for certain legitimate and professionally recognized diagnoses. These diagnoses include: Attention Deficit Disorder, Autism, Dyslexia, Development Delay Disorders, Enuresis, Learning Disorders, Mental Retardation, Minimal Brain Dysfunction, Organic Brain Syndrome, Pervasive Developmental Delays, Anorexia Nervosa, and Bulemia. When evaluation and treatment won't be funded for children and youth early in their illness, their problems become more complex and difficult to treat. This would be comparable to someone refusing to treat a stomach ulcer, heart disease, or cancer because the problem had not yet reached a "significant enough" degree or an "immediate life-threatening" level.

(2) A 60-day-per-calendar year limit on acute inpatient care for psychiatric problems was set. While this would have minimal impact on adults (whose length of hospitalization is generally around two weeks per episode with effective medication), it has a signficant impact on children and adolescents. On our Children's Inpatient Unit the average length of stay is 90 days and on our Adolescents' Inpatient Unit, it is approximately 30 days. No one likes to hospitalize children and youth, but when the psychiatric problems are severe, and all lesser levels of treatment have already been tried or found inappropriate, there is no other alternative. It takes time to clearly identify the behavioral and developmental problems, to focus on the psychiatric aspect, and to implement appropriate treatment. When a child is discharged prematurely, he is being sent out with only partial treatment. This is comparable to stopping treatment for pneumonia after five days of antiobiotics, when a full ten day course is necessary for effective treatment. The absence of pneumonia symptoms after five day is a positive sign, but at the point the bacteria are only suppressed, not eliminated. Therefore they return rapidly, now possibly resistant to the medicine, and make further treatment more difficult. Similarly, a mentally ill child whose psychiatric treatment is interrupted just as he begins to open up and trust others will painfully learn not to trust, especially adults who try to help but suddenly disappear or leave just when they are needed most. Often when CHAMPUS funding stops, it requires transfer of a child to another hospital, e.g. in the public sector, and a change of therapist. A child or youth especially interprets this as a personal rejection, and feels even more unwanted and worthless.

(3) Day treatment services were terminated over a year ago. This level of care is especially important for children and adolescents as day treatment allows them to live at home with their parents and remain in the community when they need more treatment than an hour per week of out-patient therapy. In our county, this cut has resulted in an increased use of and a prolonged length of stay in the hospital because the child cannot be released to the family without daily therapy. It has also led to an increase in referrals for residential and group home treatment care, thus, forcing a child or adolescent who could have stayed at home into a more intensive, expensive and restrictive level of care.

Especially as we approach the end of the calendar year, the above changes in CHAMPUS funding have resulted in an increased demand on public services since the private sector can no longer receive payments for serving these children and youth. As a result, children and youth do not get adequately served either privately

or in the public sector where they must now compete with even more disturbed children and youth for the limited resources.

IMPACT OF EDUCATION FOR THE HANDICAPPED LEGISLATION

While this law does not specifically address provision of mental health services, it does illustrate how cutbacks or limits in one area significantly impact children and youth who are mentally ill. The Education for the Handicapped Act (PL 94-142) requires that children and youth have their unique needs met in order to provide them with an education. A major problem throughout the country is that school personnel will often choose not to identify children and youth who are severely emotionally disturbed, since identifying them could require the school district to provide special education and ancillary services. Since the schools have limits on the amount that they can spend on handicapped children and youth, they resolve their dilemma by not identifying them (as handicapped) rather than by allocating other resources to meet the needs. The school districts certainly have a dilemma in that their funds are limited. However, it is the emotionally disturbed child who is unable to learn in the regular class setting, and who is not identified as needing special help, who suffers. As recently as October 1983, in HR 3435 (the re-allocation bill for PL 94-142), there was an attempt to change the term "seriously emotionally disturbed" to "behaviorally disordered". This would have removed the mentally ill children from being considered "handicapped" and replaced them with an ill-defined group known as "behaviorally disordered". The latter could be considered to apply to children who presented behavioral problems for teachers in the classroom, whether it was a result of mental disorder or not.

UNSERVED CHILDREN AND YOUTH

What happens to those children and youth who are not served because they are without insurance or when services are not offered in their area? What happens to them when the services are not in a form that they can utilize or when those services are cut short because of arbitrary limits or regulations? This varies considerably according to the individual child's problems and how they are manifested. Those whose problems are manifested as acting out or delinquent behaviors will end up in the juvenile justice system. Those whose problems and difficulties make them passive will often end up as victims, and they will be found in the welfare and dependency systems. Still others will become the new "chronically mentally ill" population, and they will start the life long pattern of going in and out of mental hospitals and becoming the new generation of skid row derelicts and "bag" people. Those who have received partial services may function well enough to get by. However, they will not function at an optimal level, and as they go out into the community and have their own families, child abuse, neglect and more subtle problems such as feelings of inadequacy and frustration will be conveyed to their children. When mental illness interferes with a child's early development, it becomes almost impossible for him to deal with subsequent development tasks, and he gets farther and farther behind relative to his erstwhile peers and to his own innate potential.

NEEDS

It is my personal opinion that there are four basic needs: First, more resources are needed in terms of manpower and services, both traditional and innovative, to provide for the diagnostic and treatment needs of these children and youth. Second, services need to be looked at in the context of child and adolescent development to ensure their appropriateness. Third, there is a need for federal action to mandate adequate minimum standards when insurance coverage is provided for child and adolescent mental health services. Fourth, and perhaps the most important, legislation needs to be looked at specifically in terms of its impact and effect on children and youth. Perhaps we need a children's corollary of the "Environmental Impact Statement": A "Child Impact Statement" would have to be filed as part of any legislation and regulation regarding children and youth, detailing how it would affect them!

Mentally ill children and youth will not disappear. They need our help now. We must give it now or pay the greater costs tomorrow.

Thank you.

STATEMENT OF JOHN MEIER, DIRECTOR OF RESEARCH, CHILDHELP U.S.A./INTERNATIONAL, CALIFORNIA

Chairman MILLER. Our next witness is Dr. John Meier, director of Childhelp.

Mr. MEIER. Thank you, Chairman Miller, and our host, Congressman Patterson. We appreciate your hospitality and extend our gratitude to you and your colleagues for having these hearings. I can recall, not very long ago it seems, testifying before the Senate's counterpart of this select committee which was chaired by then Senator Mondale and led to the current child abuse legislation Public Law 93-247 and a number of other very important changes for children and youth. Also congratulations for the very fine attendance this morning. I realize that the many exigencies faced by Congressmen right now preclude them all from being here. Your bipartisan quorum 3,000 miles from the District of Columbia is a real testimony to the interest of our leaders in a critical area.

I also bring greetings from the national board of directors of Childhelp USA, particularly from its founders Mrs. Sara O'Meara and Mrs. Yvonne Fedderson, whom I am representing here today.

My name is John Meier. I am a clinical psychologist and I have been with the Childhelp research division since its inception 7 years ago. I have submitted my forward testimony to you in writing. The name of your select committee reminds me of when I did my stint in the Federal Government as Director of the U.S. Office of Child Development and Chief of the U.S. Children's Bureau. My legacy I would like to think, was renaming that office the Administration for Children, Youth, and Families, which was a very deliberate effort to involve the entire family in providing any services to children. Your committee's name further underscores that conviction.

Rather than reading my written testimony, which I believe has been distributed, I made a few marginal notes which in the interest of time, I will just highlight. I am therefore highlighting some highlights, because your very gracious staff asked me to review a few of the trends as I see them in the field of child abuse and neglect. Such a review is, of course, a major undertaking in itself.

The Childhelp organization is a private sector response to a public sector plea made some years ago when Mr. Reagan was the Governor of California and encouraged these ladies to rechannel their efforts toward doing things right here in the United States since they had completed several overseas undertakings. These included the Vietnam baby lift and setting up and supporting orphanages and hospitals in Japan and Korea.

In responding from the private sector they have marshaled enormous resources toward, first of all, establishing a residential village, the largest in the world that we know of, exclusively devoted to very severely abused children whose lives were in such mortal danger that they had to be removed from their homes.

In view of the findings of Congressman Corman's committee which resulted in the Welfare and Adoptions Assistance Act (Public Law 96-272), we think that any effort to keep children in their homes or to get them back in some permanent placement where they can count on the future is extraordinarily important.

The village accomplishments are gratifying in that some 90 percent of the children who do spend time in residence at the village for roughly 18 months on average, have been returned to their families or in some cases to adoptive homes. About 10 percent fail in those placements in spite of our greatest efforts.

In addition to the village residential program, because of the needs that we have been identifying and addressing right along, Childhelp has established a network of foster homes in the Los Angeles area for one placement of all of the children in a given family unit, when they are removed as victims of abuse and neglect.

This, we feel, alleviates one additional trauma that so many of these children experience when their families are disintegrated, namely being removed not only from their parents, but also separated from their siblings. It is an experimental effort in its pilot stages; so far Childhelp has served several hundred families. The preliminary evidence is that keeping sibling groups together is certainly a good provision to make when it is necessary to temporarily remove children from their caregivers.

Childhelp has also responded to the juvenile courts in Los Angeles by setting up a program in Los Angeles to do diagnostic and treatment work for children immediately upon their removal, since so many of them seem to have been misplaced, and get into what is called the ping-pong-ball syndrome, or what is also referred to as systemic abuse whereby they are moved from foster placement to foster placement as many as 17 or 18 times before they arrive at the village. Being bounced around for 4 or 5 years certainly contributes to an incredibly diminished sense of self worth, because they blame theselves for so much of this misplacement and replacement.

Childhelp has recently branched out to other cities like Denver. I realize that Congresswoman Pat Schroeder, a prominent and admired member of this distinguished select committee, knows about some of the work at the C. Henry Kempe Center for the study and prevention of child abuse and neglect. We are underwriting a diagnostic and treatment planning effort there as well.

Childhelp has recently started a collaborative national network of universities researching some of the root causes of child assault. We have affiliations now with the University of Florida at Gainesville, Harvard University, Columbia University, the University of Chicago and the University of California at Los Angeles, with consultative assistance from the University of California at Riverside, which is right in our backyard.

These universities, along with several of us in the Childhelp organization have been looking at an issue which we think lies at the roots of the answers to some of the questions raised earlier today by Congressmen Coats, Fish, Weiss and Wolf about the deterioration in our national moral fiber. The research we are now conducting inhouse and supporting elsewhere reveals a conspicuous absence of moral development in parents who have abused their children.

We have several hundred abusing families now on whom data are being gathered regarding the level of sociomoral reasoning within the adults and children. We came upon this lead when testing the children at the village, which is also a behavioral sciences

laboratory, if you will, for researching the correlates and dynamics of severe abuse. We learned that these children, having modeled their behavior and attitudes after their parents or caregiver, had precious little sense of morality, justice, conscience, ego strength or other principles which would direct moral behavior.

This does not refer to any particular religious denomination or idea as such. It refers to principles of justice, values, or character—the kind of grit that would inform appropriate behavior in the future.

If the results of this research continue to be consistent, they should inform parenting education—which we also support. In fact, we believe that parenting education should be introduced in the elementary years of school and become an integral part of the curriculum in our public and private educational institutions. It would not only prepare people for parenting but also help break the cycle of child assault that seems to repeat itself, almost in rubber stamp fashion, from one generation to the next.

That becomes so eloquently clear to us when abusing parents of the abused children at the village come out for treatment and we learn through lengthy counseling and therapy sessions that only a short generation earlier they had experienced almost identical kinds of trauma. In fact, many of these parents love their children very much—just not very well. There are fairly clearcut principles of parenting which could be communicated through a variety of media and school curricula.

As I pointed out earlier, I do not intend to go into the child abuse statistics. The May 1983 report, U.S. Children and Their Families: Current Conditions and Recent Trends had one major omission, namely any tables regarding child abuse and neglect. Perhaps this was because the definitions, as Congressman Fish pointed out earlier, are so critical here and are so highly variable in the child abuse field; therefore, it may be difficult to get statistics that everybody would accept and understand.

Nevertheless, since numerous others of these tables are somewhat frothy—the old saying is that figures don't lie, but liars figure—I would respectfully suggest that the child abuse data be included in these reports with all of the appropriate caveats and other restrictions that should attend any effort to quantify what is basically an unquantifiable, possibly ineffable, human tragedy.

The San Mateo and Shasta County projects that have been mentioned by my colleague, Ms. Dunckel, certainly warrant attention and replication. I think they did lead us to some real breakthroughs in the improvement of child and family services.

The testimony you heard from Detective Dworin regarding sexual abuse reveals this last taboo. If there is any trend in the realm of the entire child abuse movement, it has been gradually away from the very dramatic, newsworthy and pictorial accounts found in newspapers and headlines reporting physical abuse that lends itself to shocking photographs and so forth to the more subtle and yet deeper scars left by some of the emotional and sexual kinds of abuse and neglect that are visited upon our children, youth, and families. Sexual abuse, including molestation, exploitation, incest, etcetera, is the current hot topic being addressed forthrightly and

compellingly in the previously rather prudish realm of child development.

During the process of identifying recent trends in the field of child abuse I was pleased to realize that our Childhelp organization itself has been a trend setter in putting together what we contend to be a comprehensive continuum of services ranging from residential care of severely abused children, 24 hours a day, 7 days a week, to rather fleeting outpatient care, educational materials, TV programs throughout the country, pamphlets that go to millions of junior and senior high school students throughout the country, as well as our hot line which serves the entire United States toll free and gets thousands of calls per month.

Besides setting some trends we have identified other things that need to be done and Childhelp intends to help do them.

May I again extend our appreciation to you, Chairman Miller and to each member of your distinguished select committee, for permitting Childhelp U.S.A. to share some of our opinions and observations with you.

Chairman MILLER. Thank you. Thank you very much.

[Prepared statement of John H. Meier follows:]

PREPARED STATEMENT OF JOHN H. MEIER, PH.D., DIRECTOR OF RESEARCH, CHILDHELP U.S.A./INTERNATIONAL

Mr. Chairman and distinguished committee members, in behalf of Childhelp's Chairman of the Board, Mrs. O'Meara (Sara) and its National President, Mrs. Fedderson (Yvonne), together with all of the members and affiliates of the entire Childhelp organization, I am pleased to extend warm greetings and gratitude to you for conducting these hearings and including us. I am testifying for Childhelp U.S.A./International and was asked by your gracious staff to reflect upon prevailing trends in the field today. Nonetheless, the opinions and reflections are not those of the Childhelp organization alone, but correspond with that which is surfacing in the literature and has been highlighted at several recent national conventions and international congresses focused on child abuse and neglect.

By way of introduction, permit me briefly to describe our work in behalf of children, youth and families. Childhelp U.S.A./International is the largest private-sector response we know of that is exclusively concerned with the diagnosis, treatment and prevention of child abuse and neglect. We provide a comprehensive, interdisciplinary continuum of services, training and research, all focused upon abused and neglected children and their dysfunctional families.

For the past 6 years we have operated a residential treatment center, The Village of Childhelp, for assaulted children and their assaultive families, housed in a magnificent facility in lovely Beaumont, California. While meeting the physical, psychological, social and spiritual needs of the nearly 200 child victims who have resided or are now residing at The Village, we have offered extensive therapy and counseling to their parents, most of whom love their children very much—but not very well. In order to interrupt the pernicious transgenerational cycle of child abuse, we sponsor parenting education classes for assaultive parents who themselves were probably similarly assaulted a short generation earlier. On The Village 250 acre campus we have seven classrooms accommodating 2 Head Start classes for 30 children, a day care center for an additional 30 preschool high-risk children and several special elementary school classes, all of the above for mainstreaming Village residents with children from the local communities. We already have a few foster grandparents in our program and plan to use many volunteer retired elderly citizens in an innovative home visitor research project.

Furthermore, we have provided internships for many college and university students, done extensive training of our own and other agencies' staffs, and conducted research and evaluation studies on children and families associated with The Village. Our national research effort has been going for 2 years as Childhelp's national collaborative research network. Recently we have launched a national media campaign to tell about child assault and some of Childhelp's answers to it. Television specials and printed materials have been shown and disseminated throughout the

U.S.A. Literally millions of pamphlets for teenagers, have been distributed through the public schools across the Country to inform them about and facilitate their reporting of suspected abuse. An almost overwhelming response has been experienced through Childhelp's national toll-free hotline, fielding thousands of calls from around the country, placed by assaulted children and youth themselves, their concerned grandparents or other acquaintances, professionals seeking advice or referral resources, and citizens from every walk of life reporting suspected child abuse or neglect. We are about to open a Diagnostic and Treatment Center in East Los Angeles in a facility donated to Childhelp by the City of Los Angeles; it will respond to a request from the L.A. Juvenile Courts, for more definitive and rapid evaluations of children and families under their jurisidiction. We have already begun operating a network of innovative emergency foster homes to accommodate several siblings together rather than separating them and thereby adding insult and trauma to the injury for which they were removed.

During this brief testimony several trends will be identified with regard to the identification, incidence, diagnosis, treatment, and the prevention of assault against children at the local, state and national levels. Since the time allotted for each person's testimony is quite limited, my observations are restricted to only the more outstanding and recent highlights in this rapidly evolving field of human services. Elaboration on the preceding and following statements, complete with full documentation of responsible sources, is available in a series of technical monographs produced by the Research Division of Childhelp, U.S.A./International and are included in a forthcoming book, "Assault Against Children: Causes, Consequences, Treatment and Prevention," which I have recently edited and written with the cooperation of a number of interdisciplinary experts in the field of child abuse, to be released in 1984 (several select references for related Childhelp publications are listed at the end of this testimony).

During the past decade, on account of more widely known and more rigorously enforced reporting legislation, there has been a dramatic increase in the numbers of assaulted children reported and in the severity of the infractions. This escalation in reports, verified incidents and the severity thereof, is documented in the host county of The Village of Childhelp, namely Riverside County, which is the third largest county in the United States, comprised of both rural and urban populations; 3,700 cases of child abuse and neglect were reported in 1980 (and an estimated 40,000 in 1983). In the State of California, where the largest number of reports in the entire Nation occurs, the numbers have dramatically skyrocketed to 97,329 reported and 69,624 verified cases of child abuse and neglect in 1980 (data not yet available for 1983). You have undoubtedly heard in the several previous hearings that the National statistics have followed a similar upward curve, which is not quite so steep but nevertheless alarming, with over 750,000 documented reports in 1980 (and an estimated one million for 1983). The above 1980 prevalence figures are derived from the most recent U.S. Census taken in 1980 and are considered to be conservatively accurate; the 1983 best guesstimates are extrapolations from available data for the first half of 1983. The 1980 figures are approximately 100% above the reported prevalence of child abuse in 1975.

It should be noted that variations in prevalence and incidence numbers are a function of variations in definition, which confound any effort to make precise comparisons among the findings of various prevalence studies; this statistical confusion underscores the need for a carefully conducted national incidence study, as authorized in the original Child Abuse Prevention and Treatment Act, Public Law 93-247. Further complicating and confounding the aforementioned observations is the reported practice by responsible agencies to use what I call an "inverted triage" procedure, whereby only the most severe cases (which have the most guarded prognoses) are investigated. Those which do not evidence severe and life-endangering high-risk circumstances are placed on the "back burner" for their tragic reintroduction, when the high-risk situation has escalated to proportions requiring resolute intervention. This reverse triage process seems to be an unfortunate outgrowth of increasing case loads, in both numerical and severity dimensions, with a reduced number of child protective services personnel to address them. In this manner, the reduction of support for human services in the public sector may in fact be exacerbating a problem which is also growing and intensifying due to other factors.

Because of the relative shriveling of federal, state and local public support for human services, another readily discernable trend is that of soliciting the private sector to assist in meeting the growing needs. This has given rise to the hew and cry from on high to private corporations and foundations, as well as to the volunteer sector, as evidenced in the initiation last month of action against substance abuse in a public broadcasting series entitled "The Chemical People," hosted by the First

Lady and inaugurated with thousands of local town meetings for public consciousness raising and local grass roots response to combat a national epidemic closely akin to and often implicated in people abuse. Childhelp, U.S.A./International is delighted to note that Mrs. Reagan has also consented to lend her name and influence to several of CHILDHELP's national public education activities. Private sector involvement includes not only corporate and foundation monetary support but also the enlistment of volunteer lay and professional help, ranging from parent aides or lay therapists who enable young and inexperienced parents to cope wih the demands of parenting, to foster grandparents as well as much needed affection to children whose parents are preoccupied with other survival demands, to highly trained professionals willing to donate their time and talent to moderate self-help groups and provide their expertise to other community causes.

The Federal Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272) which was sponsored by Childhelp's good friend and now ex-Congressman, James Corman, has placed considerable legal and fiscal pressure on states (California SB-14) to arrange more permanent placements for endangered children at the beginning of their out-of-home experience rather than permitting them to languish in and be buffeted about from placement to placement in the traditional fostercare system, which itself inflicts what is known as "systemic abuse" on top of the other traumas already endured by the victims. This pressure for permanency planning underscores several exemplary efforts to work with families in the early stages of dysfunction (and probable abuse) within their home and community prior to, and hopefully instead of, having to remove children from family custody on a temporary or permanent basis. Since keeping families intact is far more costeffective, in both fiscal and psychic units of measurement, several innovative and successful efforts to prevent removal of certain children and/or perpetrators from a given home situation have been demonstrating promise for widespread replication. On the other hand, for those family situations which do not auger well for the people involved, removal of child victim and/or adult perpetrators is becoming more careful and relinquishment proceedings more expeditious in order to place children in a new configuration referred to as "foster care/adoption" which has been resulting in much higher numbers of permanent adoptions for children for whom reunification is judged infeasible at the early stages of out-of-home care. The process and criteria for making the judgment about reunification feasibility is also being refined and improved with experience and feedback from follow-up studies.

In 1962, Dr. C. Henry Kempe and several colleagues coined the term "the battered child;" he subsequently helped to develop the current child abuse legislation (PL 93-247), and now serves as editor of the International Journal of Child Abuse and Neglect (and, incidentially, was one of my mentors as Department Chairman in Pediatrics at the University of Colorado Health Sciences Center, where I served for some 10 years). In an early issue of the International Journal, Dr. Kempe observed that there is a predictable trend in communities, states and even nations as their public awareness about child abuse grows and develops, a trend which is clearly evident in the United States. There is a progression from repugnance and outrage over dramatic and disgusting episodes of physically disfiguring child assault and battery to the less spectacular but more numerous reports of neglect, emotional and verbal abuse, and ultimately to the last taboo of sexual abuse including molestation, exploitation and incest. As various treatment modalities and programs are devised to deal with these debilitating conditions, others realize that most or all of these debilitating phenomena should, and probably can, be prevented from ever happening; obviously prevention of all forms of child assault would be in the best interest of fostering optimal growth and development among a given nation's children, who will soon become the next generation of parents and helping professionals—or criminals and terrorists. Clearly, the U.S. is currently at several of the above stages with a long way to go to primary prevention of child abuse and neglect; however, we are much further along this progression than countries which are primarily concerned with keeping thousands of children alive in the face of imminent starvation.

A task force was appointed recently by the current administration to study and recommend action regarding domestic violence and its causes, treatment and prevention. Although our very nation was forged out of acts of violence and the rights of many citizens have been violated subsequently, the epidemic and escalating proportions of violence in our homes, in our cities, and among nations is stirring many thinking persons and organizations toward constructive non-violent ways of solving the inevitably problems that arise in childrearing, community action, or domestic and foreign affairs. Renewed efforts to eliminate some of the seeds of violence such as corporal punishment of children, cruel and violent punishment of criminals, is showing renewed vigor, conviction, and support. Groups such as that entitled, "End

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Violence Against the Next Generation" (Maurer) and "The Roots of Violence Foundation" (Hoffman) are continuing to explore and develop new and more effective ways to prevent this insidious cancer from rotting away the very core of civilization. This subtle implosion must be recognized and eliminated before we can effectively prevent the incredible explosion and "daze after."

Although the schools already feel overwhelmed by pressures to be all things to all students, it is generally agreed that the vocation of parenting is one for which precious few people have any formal education. Parenting education should be formally taught beginning early in children's lives to prepare them for a career that fully 80% of them will embark upon at one time or another. The fact that people must have training and credentials to do anything from driving a car to selling cars and the fact there is a substantial body of commonly agreed upon effective parenting knowledge and skills which can be imparted in elementary, junior and senior high years, both make this a perfectly legitimate pursuit of the public and private school systems. If one must have a license to be legally married, how about some credentials for being a parent? In addition to the basic intellectual skills of reading, writing and arithmetic, our educational establishment should impart the basic emotional, spiritual knowledge and skills of relating effectively with one's peers and ultimately with one's children. Since parenting is already informally taught by parents' examples to their children, certainly it can be learned in a more systematic and nurturing fashion. This would help to ensure humane and gentle parenting practices, such as catching children being good and rewarding that desirable behavior rather than catching them being bad and punishing or destroying them.

The phenomenon of sexual abuse has galvanized millions of citizens into a variety of benevolent activities probably because many can personally identify with the trauma since it is now estimated that about one out of three women and one out of six men have had untoward or compromising sexual experiences prior to the age of majority, not to mention all of the other forms of violation to their beings during their formative years. A critical mass of acknowledged sexually violated persons has accumulated by default and their collective sentiment is such that even if they, the victims, are unable to remediate their own deficiencies, they are prepared to contribute to efforts to prevent such experiences in the lives of the next generation(s). It should also be noted that those adults who are perpetrators and/or victims of assault are experiencing considerable rehabilitation through a variety of newly conceived self-help groups modeled more or less after the Alcoholics Anonymous precedent. Parents Anonymous, Parents United, Daughters or Sons United, and other self-help groups, which typically employ the voluntary leadership or at least monitoring of one or more professionals, have reported dramatic results for those who regularly attend and participate. Such groups are remarkable extenders of health service providers since they don't require as many or as intensive an involvement of the professional community in remediating their difficulties, thus freeing scarce professionals to work with more complicated cases or with those individuals who simply cannot benefit from such self-help group dynamics. Furthermore, there is a multiplier effect evident when rehabilitated persons become leaders of additional groups and the program ripples wider and more deeply with each successive wave of effort.

In the realm of research, there is a long litany of prospective studies which should be done in order to refine the state of the art and science regarding causes, consequences, treatment and prevention of assault against children. Besides the traditional studies to better profile incidence and prevalence, to understand etiology to identify at-risk families, to create typologies of assaulted children and assaultive adults, and to do evaluation studies of the relative efficacy of various intervention/prevention modalities, the Research Division of Childhelp, U.S.A./International has embarked upon a major research investigation into the relationship between moral development and assaultive behavior. Through the aforementioned collaborative network of five major universities throughout the U.S., we have begun to discover that there is a conspicuous absence of sociomoral reasoning among assaultive parents as contrasted with the non-assaultive "normal" control population. If further substantiated in the final analysis of the data generated by the network's collective research, such preliminary findings promise to guide the development of curriculum and other training materials and procedures for the Nation's schools, churches, parenting programs and other media for encouraging spiritual/moral development in adults and children. Such spiritual/moral development includes empathy between parents and their children, judgement processes regarding right and unacceptable behavior, general integrity and honesty, sociomoral reasoning to resolve various ethical dilemmas, values clarification, character development, conscience formation, and so forth. The absence of adequate spiritual/moral development in parents and other adults seems to make them more inclined to inflict harm and pain by acts of

omission and comission toward their children, which constitutes child abuse and neglect. Moreover, the children of these sociopathic and psychopathic parents are at very high risk of growing up without adequate spiritual/moral development, only to repeat the vicious cycle on their offspring. Thus far Childhelp has invested about one half million dollars in this investigation, which has engaged the wisdom and talents of numerous senior faculty members in related research projects located at their respective universities of California (Los Angeles and Riverside campuses), Chicago, Florida (Gainesville campus), Columbia, and Harvard.

Childhelp is one of the major catalysts in the Country serving not only the needs of a number of clients, training a variety of professional and para-professional human service providers, but also serving as a trendsetter through innovative thrusts informed by empirical applied research in its own Village laboratory and in affiliated programs, which in turn represent new syntheses of other successful efforts throughout the world We appreciate this opportunity to share our perspective with this distinguished Committee and would be pleased to cooperate with any efforts forthcoming from these crucial and impressive hearings. Thank you and Godspeed.

STATEMENT OF GEORGIA VANCZA COORDINATOR, REGION IX, ARIZONA RESOURCE CENTER FOR CHILDREN, YOUTH, AND FAMILIES

Chairman. MILLER. Ms. Vancza.

Ms. VANCZA. Mr. Chairman and esteemed members of the committee, my name is Georgia Vancza. I appreciate this opportunity to speak to you on behalf of Arizona's children.

In my oral testimony, I have chosen to speak to you about those children I know best. I have been a child advocate in the state of Arizona for more than 8 years focusing on the broken and shattered lives of children in the foster care system.

In an effort to enable the child welfare system to better respond to the needs of these children, I have helped create resources, developed policies and procedures, designed and conducted training sessions for caseworkers, foster parents and community members. I have worked as an ally and an adversary, both inside and outside the public agency.

I might add that I had a unique role, one of ombudsman, within the public agency as a full-time volunteer position where I had access to case files, consultants, caseworkers and took referrals from children, foster parents and workers. I am proud to be affiliated with the many professionals and volunteers who work diligently in improving the quality of life for Arizona's children.

I commend the Congress for having the courage and determination to establish a national policy dealing with children in foster care. You have attempted through Public Law 96-272 to guarantee that every child who enters foster care will have a permanent home.

Because you understood the child's sense of urgency and the inability of many State bureaucracies to meet their needs, I am here today asking that you expand this policy and build on that significant effort by determining a realistic standard of financial need guaranteeing that all children have enough to eat, a place to live and a safe environment, regardless of where a child lives in the United States.

We see children in the foster care system that would not have to be there if we had the basic needs of their families. These children become a social and economic liability to our Nation. In the State of Arizona, more than 50 percent of the prison population were

foster children. A foster parent comments, "Foster care was not the cause, only the symptom of biological families not helped and effective services not rendered."

Just last week I met with Jim, a former foster child, and I would like to share this experience with you. Jim is 18 years old and for 10 years has lived in about 15 foster homes and two residential treatment centers. He and his two brothers were removed from their home after several reports of neglect and abuse.

His father left the family when Jim was 5 years old. His mother alternated between working several low-paying jobs and living on welfare. She was always tired and seemingly just couldn't cope with the demands of her life. After Jim was removed, she tried to cooperate with the many people involved with helping the family. But for her it was too little, or too much, too late.

Jim asks why he was removed from his home and placed in foster care. He asks why the $10,000 per year spent on providing him with substitute homes and psychological counseling was not instead used to enable him to remain with his natural family?

We tell him, "It was in his best interest to remove him from his family," and that there were "limited choices." For all of our caring efforts and our over $100,000 we now have a very angry young man who used to talk about blowing us all up, but he is now planning a suit against the State of Arizona, his former legal parent, for abuse and neglect.

Today with Public Law 96–272 we would hope for a different outcome for Jim. We can speculate about Jim's future and his success as a person, and we must accept our part in preparing him for it. There was a good chance that Jim could have remained in his home if the basic needs of that family had been supplemented before it completely deteriorated and required crisis intervention. Sixty-six percent of the reports to the Arizona Child Protective Service involve families living below the poverty level.

Today our basic financial assistance in Arizona to dependent children for families like Jim's (a mother and three children) is $282 a month, the 1971 standard of need. This represents only 34 percent of the 1983 standard of need. In Arizona, the same family would also receive an additional $168 in food stamps, making their total benefit $450 a month. Let me note that the poverty standard in Arizona for 1983 is $825. In Arizona, 66 percent of all AFDC recipients are children; 36 percent of these children are under the age of six.

Jim's case is real, and we unfortunately have many, many other Jims and maybe Alexs whose needs are urgent. I am certain you are all well acquainted with the horror stories and have statistics at your fingertips of how the system failed and you must feel the same sense of outrage and frustration as I do at the enormous loss in human resources.

A number of people from Arizona have provided information for this testimony. We have attempted to give you an overview of Arizona's children and families in the accompanying written testimony. You will find letters and program statements reflecting the needs and concerns of close to 50 agencies and individuals. I urge you all to read this material and make use of their statistics and facts.

Please, lose no time in establishing a national policy which mandates an adequate standard which will insure the children of the United States the basic human needs necessary to be contributing members of society.

If I may quote Gabriel Mistral: "Many things we need we can wait for . . . But not the child. Now is the moment . . . in which his bones are formed, his blood is constituted, and his brain developed. We cannot answer him 'tomorrow'—His name is 'today.'"

Thank you.

[Prepared statement of Georgia Vancza follows:]

PREPARED STATEMENT OF GEORGIA VANCZA, ARIZONA RESOURCE CENTER FOR CHILDREN, YOUTH, AND FAMILIES, TUCSON, ARIZ.

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His name is "today."

Thank you.

Chairman MILLER. Thank you.

Dr. Bach, you mentioned changes in CHAMPUS, but there have also been some changes in this State, have there not, in terms of Medi-Cal and the kinds of services that will be reimbursed? Would you tell us what the impact of that has been?

Dr. BACH. For those who aren't aware, Medi-Cal is the California version of medicaid. There are two main areas. One has to do with access. As a result of the inadequate funding of Medi-Cal, not many experienced clinicians will accept Medi-Cal clients. Payment, by the way, for a child psychiatrist is less than one-third of the customary private fees. Hospitals unofficially set quotas on the maximum number of Medi-Cal patients they can afford to admit based on their overall costs so that often children when they do need hospitalization cannot find a hospital bed to occupy.

Arbitrary limits are also set to contain costs and ostensibly it is for quality control, but one might use as an example the extensive documentation which is needed to see a patient more than twice a month. Trying to treat children with their families, having sessions with the parents is almost impossible because it would mean two sessions per week, let alone contacts with teachers.

One local Medi-Cal consultant has quoted CHAMPUS as the authority saying CHAMPUS would never have set a limit of 60 days on hospitalization if there wasn't good reason for it and, therefore, she is not one to permit any Medi-Cal child to stay in the hospital for more than 60 days.

Chairman MILLER. Is she still waiting for the tooth fairy?

Dr. BACH. I haven't talked with her recently, but I think she has given up her faith on the fairy. She is a good state employee.

The arbitrary limit, by the way, of 60 days is a lot better than 3 years ago when the ophthalmologist who was reviewing psychiatric cases had decided two weeks was enough.

Chairman MILLER. Dr. Meier, would you concur with some of the testimony that we have received elsewhere in other regional hearings that not only is the reporting and the incidence of child abuse up in severity, that it has increased?

Mr. MEIER. Unfortunately, that seems to be the case and compounding the problem is the reduction in numbers of trained people who serve abused children and their troubled families. Therefore, caseloads are going up as high as 100 or so per worker. Moreover, a revised screening procedure, which we have called reverse or inverse triage, namely waiting for at-risk children to actually be so badly damaged that they have to be removed from the home, seems to be an additional offshoot of that increase in numbers, greater severity of abuse and reduction in the ability and number of people to stem the tidal wave.

Chairman MILLER. Earlier this morning Mrs. Kaplan testified that in fact as triage was going on that child abuse workers and protective services workers were, in fact, having to make distinctions between the most severe cases Dr. Bach testified about similar decisions regarding the application of mental health resources. Are you forced to draw these distinctions between severely ill families?

Mr. MEIER. Ms. Kaplan made the observation that this screening was going on by telephone, which is incredibly inadequate since you learn so much more from a home visit by a sophisticated child protective services or law enforcement person. Thus, the whole process is really the reverse of good triage, where one seeks out those clients/patients who can best benefit from what services are available, to the inverse of picking those children who are near dead or in fact dead, and rescuing the survivors. It is a most regrettable deterioration in the quality and quantity of service.

Chairman MILLER. We have received similar testimony in the other regional hearings and I just wanted that confirmed. I think it is important that those of you involved in the private sector be able to speak to that.

Mr. MEIER. Well, you can have some confidence in the fact that any data or conclusions drawn on California data are good barometers. The citizens of the State of California account for about 12 percent of the child abuse in the entire United States and have the dubious distinction of causing many more cases, and more severe cases of child abuse than any other single State in the United States. So our data base is soberingly large, alarming, representative and thus noteworthy.

Chairman MILLER. I want to thank the panelists for the kind comments about the legislation. I fear that we will find out that the situation since we passed it was the same as it was before. If we were a little better at holding up our end of the Federal bargain, it would work a little better. Be that as it may, one of the things we would like to see is for these families to remain intact.

When we talk about holding these families together, what are we really talking about? What is the single greatest resource we can

bring that family in terms of allowing that family to cope? I have an idea, but I would like to hear yours.

Ms. VANCZA. Well, my answer is money, and as I have testified, I think that it is important that we recognize that many of these families that become involved with different systems, and we label them chronically mentally ill, and they get into substance abuse, we see them as welfare families, we seem them in many different systems, that if we back up and look at the history of that family that there was a point in time when, if we had been able to identify them, perhaps they were even reaching out.

I can give you examples of families that indeed are reaching out right now and we are not responding to those needs. We wait until they are in crisis and then we try to figure out which band aid we are going to apply to a huge hurt.

Chairman MILLER. So very often we find as we set up alternative systems to help families with little or no income that in providing alternative services or crisis services that all the money that that family couldn't get its hands on when it was under stress is made available as the family falls into parts. We are spending more on the parts than we were willing to spend on the whole.

If we spin somebody off into food stamps or foster care or institutionalization, it adds up to more total resources being applied than we were willing to spend at a time the family first started to have problems. Obviously you have to be able to identify those families, but I don't think you are going to be able to do it over the phone, and I don't think you are going to be able to do it with one visit that is not a group setting because such a meeting is not reimbursable.

I wonder to what extent we have set up barriers to dealing with the whole family very early on?

Ms. VANCZA. I also act as coordinator for the child watch project for Arizona and we have done extensive interveiwing with families, as well as advocates and service providers. I interviewed a family just last week who was living in their car and tried to get a sense of how they got there, and it was a fascinating story, and the man started telling me how he first went down to apply for food stamps. He had been unemployed for 6 months and finally had run out of all his savings and decided that he would apply for some temporary emergency assistance just to put a little food on the table and make it.

He went down there only to discover, much to his surprise, that he didn't qualify for food stamps. He had too many resources. He had over the $1,500 limit in resources. So it is a long story.

He eventually divested himself of all this resources. He became a rather abusive alcoholic who now lives in a car with a wife and two children. They don't qualify for AFDC either because he hasn't deserted the family yet, so they are largely dependent on Traveler's Aid and the Salvation Army who are having one heck of a time responding to these kinds of families. The Salvation Army is telling me that their requests from these kinds of families has increased 100 percent just in 6 months.

Chairman MILLER. We hear this time and time again. The woman who was here earlier declared bankruptcy and I am sure lost the dreams and aspirations she had for her family. Maybe the

answer is to redefine this gentleman's car as his home, and then he would be excluded.

Ms. VANCZA. But he still has to leave home to get the AFDC. He would have to sleep in the nearby park and then his family would qualify for AFDC.

Mr. MEIER. I was just going to observe that there is an unemployment-money relationship with abuse of both people and substances like alcohol and drugs. Let's hope that social problems lag behind the economy and that 7 months or a year from now we will see a plateauing in domestic violence. In fact, there is a trend toward the leveling out of the child abuse statistics in 1983, as compared to 1982, and people are hoping that there is some light at the end of the long dark tunnel. Of course, it is still such large absolute number that it is staggering.

One other thing I would comphasize for helping families to survive is the day care programs you have heard mentioned repeatedly as a major resource. I think programs like Headstart, which is up for expansion all the time, is one of the most magnificent social programs in the world for reaching needy families and children.

Headstart has probably prevented more abuse and neglect than any other single effort in this country.

Chairman MILLER. Mr. Patterson.

Mr. PATTERSON. Again, another fine panel. I really appreciate your perseverance in sticking here all afternoon with us, and I assure you that we consider your testimony very valuable to our hearing.

I think that Dr. Bach suggested the child impact statement, I don't know if you were here at the time, Mr. Chairman, but that was rather interesting, that every time we pass legislation, what is going to be the impact upon children in society? So we might better address the issues if we had to face the fact that it meant so many more children would not be getting needed services before we enact any such legislation.

Mr MEIER. Mr. Patterson, at the risk of interrupting, there was a Family Impact Study Group that was put together by Sid Johnson, who was a staffer for then Senator Mondale back when the Senate CYF committee existed. I don't know whether they are still issuing family impact data on legislation, but I still just insert that for the record.

Chairman MILLER. Ann Rosewater, deputy staff director, informs me that they are. They are at Catholic University.

Mr. MEIER. They are still alive and well?

Chairman MILLER. Sid is not working, but they are.

Mr. MEIER. Pardon the interruption.

Mr. PATTERSON. What are you doing at UCLA?

Mr. MEIER. We have entered into affiliations with several universities to sponsor some of their research provided that they will, in turn, help us collect information about child assault dynamics that we are interested in.

Mr. PATTERSON. So it is mostly research.

Mr. MEIER. Yes, but in order to do the research, they have to provide some service programs, and they are looking at the stress on mothers in some special day care settings. Many of these are unwed, teenage mothers, whose chronic stress contributes to the

breakdown of their mothering and, in some cases they become abusing and neglecting parents.

They are also looking at an issue called empathy which seems quite closely related to a mother's ability to understand and meet her child's needs, and the absence of which seems instrumental in abuse and neglect. The data are about half in on all five of our university projects, and we will have a very interesting report which we will be pleased to forward to you in about 9 months.

Mr. PATTERSON. Ms. Vancza, you indicated in Arizona, 50 percent of the prison population were foster children, is that correct?

Ms. VANCZA. That is correct. There was a recent study done, and those were our findings. Actually, more than 90 percent of the prison population stated that they had been abused and neglected as children, but 50 percent had actually been in foster care.

Mr. PATTERSON. What do you draw from that conclusion? What does that lead you to believe, don't have foster care, or something is wrong with the system?

Ms. VANCZA. Something is wrong with society obviously. This is not a public agency problem. It is not a problem of our ACYF in Arizona. It is a community problem, and it is something that we need to grapple with as a community and as a nation, and I think it is real easy to see the folks that are trying to provide that service as being inadequate and not caring, and I have to say that is really where I started in all of this, myself. I started off really believing that if you could change the people in a system that you would have a really good child care system, and I now know that is not so.

Mr. PATTERSON. This morning when we took our tour of the Youth Guidance Center with the kids involved in the juvenile justice system, one of the complaints that the people there had, the administrative staff, was that they don't have the kids for long enough, that they come in and the system doesn't allow them to make the most positive impact on them, and then they churn back in through the system again when something else goes on, for example, to go home to a bad parenting situation.

How do you break that cycle without having foster care and foster homes or drawing the line between when you pull them out and when you leave them with the natural parents? We all think it is better to leave the children with the natural parents, but then you see situations where a natural parent is really their problem. It is more than just stress from outside; it is from that individual.

Ms. VANCZA. My opinion is that you must break that cycle. There are experts here that can testify far better than I can on the conditions of children in families, but it is my experience as an advocate working with the children and getting to know some of those families that there was a point with most of those families where we could have made a difference. Now, there is a group of families that that may not be true for or at least it is not true at this point in time and we find in ACYF in Arizona that between 17 and 25 percent of the average caseworker's caseload is made up of chronically ill or marginally mentally retarded parents. That population is difficult to serve.

We just keep hitting these people over the head with the services we have. We don't have anything else. We send them to parenting

classes and talk about active listening when they aren't feeding the baby. It doesn't make a lot of sense, but we need to do something dramatically different for that population. But I think if we look at some of these case histories and learn from them because we have all the information, we don't need to do anymore studies. We really know what would make a difference in families' lives.

We need to make a determination that will stop what we are doing now. We have to continue with the foster care system. We have to continue with that piece but for the next family that comes to our attention, we are going to do it differently, and it is not going to be when CPS gets involved. It is going to be a withdrawal from a school that says, "Here is a family that is under some stress," or from a church. The referrals are going to come from different sources who see these families at a different time.

Mr. PATTERSON. Early on?

Ms. VANCZA. Yes. I would like to comment that we in Arizona have a prioritization of our CPS cases now and we are out of compliance with our statute because there is just no way we can do it all. The child we are never going to get to or seldom going to get to is that child who is 11 years old and chronically neglected. What I understand from the mental health professionals is that that child, chronic neglect is many times far more damaging than physical abuse and yet that is the child we are not going to get to. And so we have a system that isn't working.

Our statistics in Arizona show that the rate of abuse hasn't gone up overall in the States. It is interesting. Actually, we just can't respond to any more than we are now responding. So what the professionals say, kids are more disturbed, families are more disfunctional, and it is just their inability to do any more than they can. So in one district where they have been keeping good statistics, we know that there has been a 76-percent increase in reported cases since 1981, but most areas don't keep those kinds of statistics on what is not done.

Chairman MILLER. Let me ask a question just on that point. Are you suggesting that professionals are being discouraged from reporting?

Ms. VANCZA. Well, it depends upon who you talk with. I wouldn't use the word discouraged. We have an extensive public information program in Arizona. I am very much a part of that and encouraging people to report all the time, but when you talk with teachers and school nurses, school counselors, what you hear from them is not too different from what you heard 4 years ago, 6 years ago, and that is it is real difficult to get CPS involved in the kind of case they see as needing the media attention.

Chairman MILLER. When I said discouraged, I mean officially discouraged, discouraged by the fact that there may not be any positive outcome, or CPS may not get involved in this kind of case because the professional involved concluded something about this person or family that exceeds what the available resources will allow.

Ms. VANCZA. Certainly your CPS worker would be the first one to stand up and say, "This child has many needs and I advocate that they be met." She would also say, "I don't have time to do this. I can't take this case," so it would be a lack of resources and a

need to have more programs to divert these families into at the point of first referral.

Chairman MILLER. Thank you.

Mr. PATTERSON. Miss Dunckel, I wonder if you have any comments on the California perspective from listening to the Arizona a little bit. For example, would it be roughly 50 percent of the prison population in California having been in foster homes? Do you have that data?

Ms. DUNCKEL. I don't have that data.

Mr. MEIER. It may be higher than that. There have been some studies at San Quentin where 100 percent reportedly have been abused as children. But then again you have to interpret the statistics and understand what is meant by foster care, which has several definitions, does it not?

One thing that you asked about in terms of resources that California is rich with are the retired elderly people, many of whom have been very successful parents or child care givers. Moreover, you have heard eloquent testimony from a whole cadre of volunteers. These retired elderly can, when trained as good foster parents, offer a tremendous amount of support to a flagging family system that just need a confidante, a kind of person to come in and help them with some tasks, to model more appropriate interaction with children, and so forth. I think that may be a national resource that is scarcely tapped to date and may have to be enlisted some way so they feel proud and good about it.

We see numerous snowbirds coming down here to California and many of them come out to the Village wanting to do anything, particularly with the children and the families. However, it is still quite difficult to get through all the regulations and redtape to have these well-intentioned volunteers enter into some of these confidential problematic situations. Nevertheless, they remain a major resource.

Mr. PATTERSON. I don't want to leave the record with any thought that I am suggesting there is a relationship between prison populations and foster care but by the time a child becomes a child in a foster care home usually you could have caught it earlier, things could have been done earlier and differently and a good deal of the continuing kinds of problems may emanate from that tragic background that the child had in the natural setting as well as in foster care.

Chairman MILLER. I think that is a very important point. Let me jump in here for the record. We are saying 50 percent of the prisoners may spend time in foster care. We are not saying 50 percent of those who are in foster care end up in prison. I think that from time to time we have seen children who have read about themselves and wondered, will I end up in prison because I was abused. In many cases foster care turns out to be a positive thing for the children and the people who are engaged in providing foster care.

Mr. WEISS. I have a simple kind of question and I would like each of your comments on it. I take off from Miss Vancza's testimony in which you articulate the frustration which you say we all feel. You must feel the same sense of frustration that I feel at the loss of human resource and you are talking about a person who had out-of-home care mandated but I think that comment really

applies on the basis of statistics that you cite and the approach and concern and the needs that you all address and apply across the board. And although I have been as harsh a critic of the current administration as anyone, the fact is that ultimately, no administration could do this kind of—at best rollback kind of approach—unless the general population felt that that was an appropriate way to deal or not deal with the problem and that is the professionals in the field.

I wonder if you have had some thoughts that you would like to share with us as to whether you think we are going, as far as the perception of Americans in dealing with this perhaps most basic of problems that we all face?

Dr. BACH. Perhaps I could start. I think part of the problem is that as altruistic as any one of us might be, we are going to look first at whatever is currently affecting us and there is a saying that if someone is altruistic, there is a reason for it. I think we have to look at our own altruism sometime, but let's say that we are genuinely concerned about others. That goes only so far if we are not getting our garbage collected at enough of a frequency and after a month without garbage collections, we are going to call up our elected officials and say, "How about channeling some of the money that is going into child care back into public works to pick up the garbage."

I think that as the economy worsens, there has been a greater number in the population who are looking out after their own interests and there is fallacy that children don't vote.

I was very pleased and impressed to see the numbers here and involved with the select committee because I think our elected officials need to remember that their parents do. The children, I suspect you heard, are often seen at the end of the list rather than at the top.

Mr. WEISS. I think I am really asking beyond that. If that is the case, then are we just beating our gums? Are we talking to ourselves? Is there any reasonable expectation that we are going to be able to address the very serious concerns that you have all spoken of?

Dr. BACH. I would say yes. I think your hearings are going a long way toward helping deal with that problem because in the past what has often happened is that there is a focus on pet programs or the disease or illness of the year or the problem of the year and legislation gets passed and then 2 or 3 years later that loses favor and someone else picks up on something else and a number of agencies out in the community switch their focus and get new grants.

I think the focus has to be on the process with a good evaluation of what is the problem that a given child and family have and then individualize the plan for whether it is societal, medical, or whatever type of involvement will help that family and child.

You asked earlier in the hearing, Congressman, about moral issues. I was talking with my staff yesterday about the future and I tend to be somewhat optimistic because it is hard providing services if you are depressed all the time. I was a little too optimistic because a couple of my staff reminded me that our particular county is going to try contracting out all the services or a fair

share of them and they were worried about their job and they were saying, "How can we continue working with kids when we don't know what is going to happen to us?"

I think one thing that I find myself doing is counting those individuals and cases that I hear about afterwards that have been successful. Just last week, I received a call from a 22-year-old young man who had been in the system for about 15 of his 22 years, including hospitalization at the State hospital. A number of innovative programs, one of which closed because their innovations were adjudged at child abuse but he called me up and wanted to thank me and to let me know that in spite of his earlier diagnosis as childhood schizophrenia, alcoholism, and substance abuse, that he was actually functioning.

He was in a home with a number of other young men and he had successfully separated from his family, which for him was a very positive step, and that he often recalled things that he had heard during some of the earlier group therapy sessions or individual comments which I was sure at the time that he couldn't really hear but he called specifically to say that those are some of the things which he now thinks about and it helps him to move on.

I think there are successes. We are still at a point where we can't count enough of them. They are still anecdotal, but I think they are there and I guess maybe we may not be able to complete the process but it is incumbent on us to start it.

Mr. WEISS. Miss Vancza?

Ms. VANCZA. I have a plan to fix it. When I get to be king, some of the things I am going to do are decide that we are going to deal with winners and not losers. We are going to sit down and prioritize or do a different type of prioritization. I don't know that more money is the answer. I think we just need to rethink what we are doing and go back to the drawing board and say what do we want as the outcome? What do we want for people and what is good for our Nation? What do we need to assure that people are going to be productive, contributing members to society and are we doing all the things necessary to get that outcome?

I don't think we are. I think that people who tend to get involved in these systems, when they come into the system, are discouraged. They feel desperate and we tend to sort of validate that they are losers. We don't intentionally do that, but there are a whole lot of things within the system that causes that effect that we validate that they are losers instead of giving them the tools and the energy to really be winners.

So I guess I would look at that. One of the specific things I would like to suggest is that you look at doing today is looking at how we are administering the block grants and there has been such an enormous change in the role of Federal, State and local governments. And the State Government really, we really were not prepared. I hate to tell you that we weren't, and we are doing the best we can and doing a pretty good job, all things considered. But if we look at children's services, just that area, we spend over $100 million on children's services.

For a fairly smaller percent of the population, I don't have the exact figure, but we spent about 80 percent of our dollars on approximately 20 percent of our population and that money is not

prevention, let me tell you it is not. But if the Federal Government would say at least while we are doing this part of the process, while we are now here, we are going to provide or insist, mandate that there be coordination between State agencies and counties so that you have juvenile courts, departments of corrections, departments of health services in our State. The department of economic security, which is where ACYF is, sitting down, going back to the drawing board and saying we need to come up with a system that better meets the needs of these families.

For one thing, we have more dollars but we want a different outcome. I think that we would find that we can manage the dollars we have now a little differently. Then we would really know what the gaps are. Right now I don't have any sense for that myself. I know that there are a whole lot of gaps and I can give you the litany of what they are, what is happening to kids but I can't really tell you that we are using our money as wisely as we should. And I would go back to my testimony. I would suggest that we set a national standard not just dealing with AFDC, but saying what kind of priority are children. Maybe they are not a priority.

If they are not, why don't we say that? Let's just start being honest. Right now, they are not a funding priority and I guess I would look to some real value clarification as a Nation about kids.

Mr. WEISS. Miss Dunckel.

Ms. DUNCKEL. Well, let me state that I am not a professional. I am one of those volunteers. I found that the whole foster care population is a fairly invisible one, but I do think that the activity that we are seeing around 96-272 and SB 14 has raised visibility for the whole population. I also think as I mentioned that we are beginning to see some really innovative services that are getting to those families earlier. The family care worker program I mentioned in my testimony, most of its referrals come directly from hospitals and 70 percent of the children who are referred are under the age of 8 so that is pretty early intervention right there. I was at a recent California Medi-Cal Association 3-day conference on child abuse.

This is the first time the Association has sponsored such a gathering and we heard from the doctors that they can spot a problem shortly after birth in the bonding process and they can pinpoint where there could be potential problems. With this kind of information and with the increased visibility for this population, frankly I am optimistic. If I weren't, I wouldn't be here today.

Mr. WEISS. Dr. Meier.

Mr. MEIER. Various forms of the rescue fantasy motivate many of us. It is a good force to maintain. It certainly keeps us going at Childhelp. Children seem to have gone from being regarded as assets in a family to becoming real financial liabilities. It isn't just a monetary thing but a time and energy drain that many parents seem unwilling or unable to cope with while they undergo such difficulties as the feminization of poverty and so forth. At this point in our history, children in many familes are definitely perceived as unwanted additional burdens.

What Urie Bronfenbrenner said not too long ago is that what every child needs is at least one adult who is crazy about him, meaning someone who is so emotionally committed to the child's

well being that the adult will do even irrational things to ensure that child's optimum or at least adequate growth and development.

If in fact the traditional family has disintegrated in some cases, other things have to be supplied rather than becoming the fact, for example, that 55 percent of black children are born to unwed mother—that is still a family. Let's figure out some way to get somebody who is crazy about each child, in touch with that child, whether it is the natural mother, or an elderly home visitor who befriends that child from day one as a foster grandparent going into the home on a daily basis, or some other adult who can model competent and affectionate child nurturing and facilitating the kind of care that can be caught by this parent who probably didn't have an extended family to set such an example.

This Nation does spend our money in a sort of bass ackwards way. We are so concerned about "The Day After" and other cataclysms that may or may not occur that our resources are not going to very young infants, nor to the young, unexperienced, frightened mothers where the bonding and all is in great jeopardy.

In other countries, where they have not only outlawed corporal punishment and other adverse ways of raising children, they have provided a home visitor to each mother who is having her first experience at motherhood. That trained individual could be a lay person, could be a volunteer, unpaid, who enables that mother to access resources during her pregnancy to ensure a healthy, happy pregnancy right on through the delivery process into the first several months or whatever time it takes to get that child properly launched.

Well, much as Gilbran's book, "The Prophet," describes parents as bows and the children as arrows, somehow we must get them at least aimed in the right direction. If cross-currents and other compromising events happen, we can't always prevent that. Well begun is half done and our country has led the way in social services in many regards and we should not give up but alter our priorities.

I love that earlier notion of raising winners—we can and must.

We talk about 10 percent who are being abused. There are 90 percent that are growing up relatively intact. Why not use them to help those 10 percent? I am convinced we can all do it together but we won't be able to do it separately.

Mr. WEISS. Thank you very much. Those were very eloquent responses.

Thank you, Mr. Chairman.

Chairman MILLER. Thank you. The responses to Congressman Weiss' questions are a good place to end this hearing. They in many ways summarize the desires of the members of this committee. It is the reason that many chose this committee. As you said, it is somewhat difficult if you are depressed all the time to deliver services. We have a commitment in this committee to help.

If we didn't believe there was a better way, I suspect that no one would have signed up for this committee. There are clearly many opportunities to take care of what society considers to be more urgent and more rewarding matters, but nevertheless 25 Members of Congress did sign up for this committee and really have applied

their talents and their time and their attention beyond what I ever anticipated.

Thank you very much for your time and your effort.

Let me also thank members of the audience who stayed here throughout the day, showing their interest and support for this kind of inquiry. As I said, this is the last of the regional hearings, but it is certainly not the last of the efforts of this committee, because we have learned a great deal and are inspired to move ahead. What we have accomplished in terms of our goals may be just a very small statement, but I think it has been a very worthwhile first year for the committee. If all of you could be party to the private comments of the members, you would be very, very optimistic about both the future of this committee and its issues.

So to this panel and all the panels today and all the panels that have testified in these regional hearings, I just want to say as chairman of the committee, thank you very much for all of your efforts. It is clear that the information and insight you have given this committee has educated us beyond our expectations. I want to again thank Jerry Patterson. We didn't have to go out and draft him for our work. His concern for the issues brought him to us and I think it is also a testimony to Jerry that the attendance today was so large. Members did not leave out of lack of interest, but there is only so much time you can take away from your own district and we had people come about as far as you can come, all the way across the country, for this purpose.

Thank you for your help and that of your staff for bringing these hearings together.

Mr. PATTERSON. Mr. Chairman, if I may just say that there is nobody that has worked any harder than our chairman and I appreciate the Orange County welcome that all of you have given us by turning out in goodly numbers and by all those from all over the Southwest region. We had, I think, nine Members of Congress from six different States up here and I think that that shows the respect we have, not only for the issue and the concern of children and the family, but for our chairman, George Miller, who really has made this committee what it has become over the years, in fact, put it together in the very beginning and he has a great staff and I would like to have the staff that makes George Miller look good stand up.

Chairman MILLER. Ann Rosewater and Judy Weiss did this.

Thank you very much.

The committee stands adjourned.

[Whereupon, at 4:20 p.m., the committee was adjourned.]

PREPARED STATEMENT OF JEANNE AND CHARLES E. MADDUX, PARENTS, SANTA ANA, CALIF.

Our daughter, Shelley Maddux, was born March 17, 1975, and is eight years old now. She is quadriplegic and retarded. Although it is impossible to tell how much she understands because there is no testing available for a child that cannot control any limbs. Some tests are given but they consist of stacking blocks, and reaching for toys as I have observed.

Shelley attends a county school, Wallace Development Center for the Handicapped. There are five such schools in Orange County, California alone. The school has several classes with 10 children per class, one teacher and two aides. They have a total care with these children, of changing diapers, feeding, and some instruction on a basic level is given to the more mobile ones, since they score higher on the

tests. I feel this is unfair across the board to the non-mobile children as some of them could benefit in the future from some simple instruction now, as to colors, etc. As in Shelley's case, some day we would like her to be able to use a talking board to communicate hunger, thirst, etc.

Part of Shelley's program since she is so physically involved is to have in the past some physical therapy given to her for one half hour twice a week by a therapist working for crippled children's services. This has been given up until approximately a year and a half ago. Then the doctors on the C.C.S. payroll changed or re-wrote her prescription to exclude hands on physical therapy because she was not making progress according to their testing. We felt along with teacher and friends, that she was making progress because her limbs were kept loosened. We found out (as she seemed to get stiffer and stiffer) three to four months later they had taken therapy away. We were never informed except to be told that she was receiving consultative services. To them consultative services means the teacher places the child in non-restrictive places on the floor and in some crude pieces of equipment, like car seats and bean bags. We attended one clinic, where two C.C.S. doctors, a Dr. Rosenfeld and a Dr. Ewold prescribed braces for her legs. And Dr. Ewold remarked we had traded the braces for p.t. (physical therapy). This goes against the PL 94-142 law, where a child is given a change that restricts his or her environment.

Most of the children attend these clinics; they are a gathering of a general practitioner, an orthopedic doctor that does surgery, countless (maybe twenty) C.C.S. personnel including secretaries, P.T's, O.T.'s, heads of departments and people representing Aamis rents, etc. (to fit wheelchairs). The idea is to work together for the best possible care of the child, from equipment, to doctor's examination. I assume they are paid to examine the child. My child has attended many of these meetings and only once was given a physical examination. The doctor should look at the child and tell the physical therapist that the child needs one half hour p.t. a day, etc. Instead, the doctors ask the p.t. what they want to do, and to limit their workload they say "consultative services" would be sufficient. I have heard they do this with all these children now, the (C.C.S.) say they either are doing too well or are making no progress.

I was told I could go to another C.C.S. orthopedic surgeon (instead of clinic) and have him examine Shelley. Dr. Angel was sent around eight pages of material on Shelley and he still didn't know her diagnosis and he told me without examining her for more than one minute, that he would not write a prescription for p.t., that quote "as far as he was concerned she would never receive p.t., o.t., or any other service, and that she would remain the way she was til she died." In other words, these (this man's name was Dr. Angel) doctors and p.t. people have no interest in helping these children. In years past all these doctors in O. County have done what C.C.S. dictated to them. Also in the past C.C.S. people have always asked the teacher and the mother to do p.t., and neither one is qualified. To illustrate this, Shelley's leg was broken by her teacher during a session of p.t. at her previous school "Greeley" in 1979. They, of course, bore no responsibility in this matter and our private insurance covered the costs.

Something should be done about the degree that these C.C.S. people construe the letter of the law to give themsevles the least amount of work!

PREPARED STATEMENT OF CAROL LAWRENCE AND MARTHA KILLEFER

As child advocates, we appreciate the opportunity to present written testimony to your prestigious committee.

We are Carol Lawrence and Martha Killefer. Respectively, we have been child advocates for over a decade. One of us is a paid child welfare employee with a MSW from the University of Utah and the other is a volunteer child advocate who has served on various policy boards of child welfare organizations/agencies, such as the California Foster Care Network and the Children's Home Society.

Both of us attended your committee's December 7th Hearing in Santa Ana, California. We appreciated hearing the broad range of testimony presented by leaders in the field of child and family welfare. However, we have a concern which was not addressed by those who provided testimony during the December 7th Hearing.

Our concern regards the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272). First of all, we support the intent of this legislation, namely, those features of it which encourage the provision of services to maintain children in their own homes, reunification of children placed in foster care with their families when possible, and the establishment of alternative permanent homes for children who cannot be so reunified.

Our concern involves the cost controls mandated by PL 96-272 which limit federal funding of foster care maintenance, and the failure of Congress to insure the funding levels which are stipulated in the Law.

It is our understanding that the foster care maintenance provisions of the Public Law are not funded at the level of legal eligibility. It appears that in future years, states will not be able to claim 50% federal reimbursement due to ceiling limits provided in Title IVE of the law. Furthermore, it is also our understanding that Title IVB is not being funded by the federal government at the level originally promised by proponents of the law.

Whereas, PL 96-272 stipulates that $266 million in Title IVB appropriations will be made available to the states in fiscal years 1983 and 1984, this has not occurred, thus far. It is our understanding that the actual amount appropriated for fiscal year 1983 is $101 million short of the targeted $220 million.

Failure by the federal government to fund the Public Law at the levels needed for its successful implementation may abort the achievement of its goals. For example, if there is inadequate funding of Title IVB services, it is highly likely that many states will not provide preventative placement services needed to effect remediation of the family difficulties which prompted the initial concern about the family by law enforcement and child welfare officials. Many states may choose to not increase their budgets to offset the forfeiture of funding by the federal government. If this occurs, the front-end services needed to repair and reunite families may not be implemented. This could result in there being very little reduction of children entering the foster care system, which would be contrary to a primary goal of the Law. The Law would then do little more than to reduce AFDC funding for the provision of foster care services to protect children from abuse and exploitation. With the cap on Title IVE's reimbursements to foster care providers, some states will respond to the reduced federal funding by not providing placement services—even when warranted. The effect of this would be the locking of children into dangerous family circumstances, without providing adequate services to protect them.

In light of the above, we strongly encourage this committee to lobby in behalf of the funding features of this Law. We further encourage this committee to track whether states appropriately spend those funds provided to them by the Public Law for the types of services identified in it.

Carol Lawrence.
MARTHA KILLEFER.

PREPARED STATEMENT OF JANE TERRELL, PHN III MATERNAL CHILD AND ADOLESCENT HEALTH COORDINATOR—THE MINUTES OF THE PERINATAL COMMITTEE OF THE MATERNAL CHILD AND ADOLESCENT HEALTH ADVISORY BOARD OF JULY 8, 1983

A. 1982 LOCAL BIRTH STATISTICS

Summary Tables of Kern County birth statistics for 1980, 1981, and 1982, were distributed by Jane Terrell. Also distributed was a report regarding rates of mothers who failed to begin prenatal care until the last three months of pregnancy, had no care at all, or the month was not reported, and rates of low birthweight infants by Census Tract of residence of the mother. Rates for both factors were also summarized by age and ethnic origin of mother. (Tables attached to these minutes.) Census Tract maps were reviewed for relating the data to the actual areas.

Conclusions drawn from these statistics were as follows:

1. The percent of low birthweight infants (2,500 grams or less) being born in Kern County has steadily declined from 6.8% in 1980 to a low of 5.91% in 1982, a 13.09% decrease. This still exceeds the State rate of 5.82% for 1981 (most recent year available).

(a) The local rate represents a decrease at Kern Medical Center of 3.37%, from 8.9% in 1980 to 8.6% in 1982, after an increase to 9.5% in 1981.

(b) This also represents a decrease at all other places of birth outside KMC of 19.31%, from 5.8% in 1980 to 4.68% in 1982, following a decline to 4.7% in 1981.

(c) The rate of infants weighing 1,500 grams or less (very low) dropped 26.05% from 1980, 1.19%, to 1982, .88%, following a decline to .90% in 1981.

(d) Thus, since higher rates of infants weighing 2,500 grams or more and lower rates of infants weighing less than 1,500 grams are being born, it seems safe to say that there has been a significant improvement in birth outcome in Kern County over the three year period.

(e) Of the 557 low birthweight infants born in Kern County during 1982, 132 or 23.70% were born to mothers under 20 years of age and 89 or 15.98% were born to mothers who had late or no prenatal care or were not reported.

(f) The rate of low birthweight infants born to mothers under 15 years of age (17.07%) is almost triple the overall Kern County rate (5.91%) and to mothers 15 years of age (10.84%), almost double. Rates for 17 through 19 year old mothers also exceed the overall County rate.

(g) The rate of low birthweight infants born to mothers 40 years of age and over (16.67%) also exceeds double the Kern County rate.

(h) The best ages for having the best chance of producing an infant of normal weight seems to be between 25 and 34 years of age.

(i) By ethnic group, 11.21% of infants born to black mothers were of low birthweight, whereas 5.44% of those born to white mothers, 5.61% of those born to Hispanic mothers, and 4.46% of those born to mothers from other ethnic groups were of low birthweight.

2. The percent of infants being born to mothers under 20 years of age in Kern County has steadily declined from 20.32% in 1980, to 18.92% in 1982, a 6.89% decrease. This still exceeds the State rate of 15% for 1980 (most recent year available).

(a) There has, however, been a steady increase in the number and percent of infants born to mothers under 15 years of age from 22 (.27%) in 1980 to 41 (.43%) in 1982, a 59.26% increase for the three year period, and a 43.33% increase from 1981 (.30%) to 1982.

(b) In 1982, 50.95% of births to mothers under twenty years of age occurred at Kern Medical Center, a 5.4% decrease from 53.90% in 1980, with an accompanying increase of 6.40% at all non-KMC sites.

(c) In 1982, 30.75% of the births at KMC were to mothers under 20 years of age, a 9.35% decrease from 33.92% in 1980, with an accompanying 2.03% decrease at all non-KMC sites.

3. There was very little change in the timing of the onset of prenatal care among women delivering infants in Kern County from 1980 to 1982. The Kern County rate of women beginning prenatal care during the last trimester, or receiving no prenatal care or not reporting it (10.22%) exceeds the State rate of 7.12% for 1981 (most recent year available).

(a) There was only a .42% increase in the rate of women beginning prenatal care during the first trimester of pregnancy from 61.31% in 1980, to 61.57% in 1982.

(b) There was a 1.22% increase in the rate of women beginning prenatal care during the second trimester of pregnancy from 27.87% in 1980 to 28.21% in 1982.

(c) There was a 5.55% decrease in the rate of women beginning prenatal care during the third trimester of pregnancy from 10.82% in 1980 to 10.22% in 1982, after a drop in 1981 to 9.65%.

(d) The rate of late, none, or not reported prenatal care for mothers of all ages exceeds the State rate of 7.12% with the 25–29 year old mothers having the lowest rate of 7.13%. (This group also produced the lowest percent of low birthweight infants—.62%).

4. Examination of the data by Census Tract reveals specific geographic areas of the county where women are both receiving late or no prenatal care (or it is not reported) and producing low birthweight infants at rates higher than the state and local rates for each. Those areas include portions of the city of Bakersfield as well as Southwest, North, and Southeast portions of the county.

(a) In some areas with poor rates for prenatal care, the rates of low birthweight infants are not exceeding state and local rates.

(b) In some areas, prenatal care is obtained earlier at higher rates but low birthweight infants continue to be produced.

Various factors considered as contributing to this problem in various Census Tracts were discussed. Among them were socio-economic problems, availability of care, and resources to get to care if it is available.

The question arose as to the resources available to Medi-Cal patients in Ridgecrest since Medi-Cal contracts are being instituted. Staff will call Ridgecrest Community Hospital for the information. (Telephone call to Ridgecrest Community Hospital, Betty Wells, on July 21, 1983: will bill Medi-Cal as usual (no contract) since it is the sole provider in an isolated area. High risk women deliver at the Hospital but when infants need special care, a helicopter comes from Loma Linda to transport them there.)

Dr. Hattis pointed out that examination of additional statistics regarding the use of abortion in the various counties suggests that the teen birth rate is higher in Kern and other San Joaquin Valley counties than in Bay Area counties, for example, due to the more liberal use of abortions in other areas.

Discussion ensued regarding consistency and continuity of care between different practitioners and the possible impact of home visiting nurses. It was pointed out that State programs providing obstetric care are having the most impact on the very low birthweight infants.

B. PUBLIC EDUCATION PROGRAM

It was felt that since all Kern County physicians know how to use tocolytic agents, given that patients report to their physicians in time, the first priority should be to educate patients when to come in. The committee feels it would be more cost effective to educate patients rather than to provide more training for physicians.

The AHEC Program was discussed as a possible resource but most present were aware that it provides mainly professional rather than public education.

Resources should be explored for prenatal education as well as the available media, e.g. radio (English/Spanish) and newspaper. California State College and Bakersfield College may be willing and able to help make video educational programs. Nancy Cook may be contacted at CSB. Speakers bureaus are also helpful since schools have cut their health budgets.

It was also felt that the Health Officer should more liberally publicize the pregnancy testing program, including information about counseling, education, and referral services. The committee recommends a Board resolution to that effect.

III. The next meeting will be in three months: October, 1983.

Kern County, Birth statistics, 1982, month of onset of prenatal care and low birthweight infants by Census Tract of Residence:

Month of onset of prenatal care

Month	
Kern County:	Percent
01-03	61.57
04-06	28.21
07-09	6.71
None	2.15
Unknown	1.36
Total	10.22
California (1981):	
07-09	7.12
None	7.12
Unknown	7.12

Low birthweight infants (<2,500 grams)

	Percent
Kern County	5.92
California (1981)	5.82

Census tracts below all rates

Oildale	01
East Bakersfield	07
Northeast Bakersfield	09
Central Bakersfield	17
Southwest Bakersfield	28
Southwest Bakersfield	29
Shafter, rural	[1] 40
Shafter, rural	[1] 42
Wasco, city and rural	[1] 43
Delano, city	50
Edwards	57
Rural Arvin, Cummings Valley, Monolith	60

Census tracts below both the California and Kern County rates for late, none, unknown prenatal care but exceeding both rates for low birthweight

Fruitvale/Norris/Greenacres	05
Edison/Orange	10
West Bakersfield	18

Southeast Bakersfield	24
Taft	34
Taft	35

Census tracts exceeding the California rate but below the Kern County rate for late, none, unknown prenatal care and below both rates for low birthweight

Oildale	02
Southwest Bakersfield	27
Southwest Bakersfield	31
Rosedale	38
Ridgecrest	54
Boron	[1] 56

Census tracts exceeding the California rate but below the Kern County rate for late, none, unknown prenatal care and below both rates for low birthweight

Oildale	03
East Bakersfield	08
East Bakersfield	13
Central Bakersfield	19
Southwest Bakersfield	30
Kern River Valley/Lake Isabella	52
Randsburg, Johannesburg, Inyokern, California City, Rosamond	55

Census tracts exceeding both California and Kern County rates for late, none, unknown prenatal care but below both rates for low birthweight infants

Oildale	04
East Bakersfield	12
Central Bakersfield	16
Central Bakersfield	21
Southeast Bakersfield	23
Southwest Bakersfield	26
Tupman/Fellows	33
Buttonwillow	37
Wasco	44
Lost Hills/Semitropic	45
Delano	49
Rosamond	[1] 58
Mojave	[1] 59
Arvin	63

Census tracts exceeding both California and Kern County rates for late, none, unknown prenatal care but below both rates for low birthweight infants

Bakersfield	06
East Bakersfield	11
East Bakersfield	14
Central Bakersfield	15
Central Bakersfield	20
Southeast Bakersfield	22
Southeast Bakersfield	25
Panama, Gen. Shafter, Lakeside, Pumpkin Center	32
Taft	36
Lerdo/Shafter	[1] 39
Shafter City	41
Wasco	46
McFarland	47
Delano	48
China Lake	[1] 53
Tehachapi	61
Digiorgio/Arvin	62
Lamont/Weedpatch	64

[1] Indicates less than 30 births reported.

KERN COUNTY BIRTH STATISTICS, 1982

	Prenatal Care (percent)			Low birthweight (percent)
	7 to 9 months	None	Late/none/ unknown	
Age of mother (years):				
Under 15	19.51	4.88	26.83	17.07
15	14.46	6.02	21.69	10.84
16	13.24	2.45	17.65	5.39
17	13.47	3.15	20.06	6.88
18	9.58	3.75	15.42	6.67
19	9.60	3.36	14.72	7.84
20 to 24	6.66	1.95	9.83	6.63
25 to 29	4.28	1.60	7.13	.62
30 to 34	4.80	1.80	7.46	5.32
35 to 39	7.27	2.42	37.27	3.94
40 to 44	16.67	4.17	20.83	16.67

	Prenatal care, late/none/ unknown (percent)	Low birthweight (percent)
Ethnic group:		
White	9.23	5.44
Black	9.25	11.21
Hispanic	14.49	5.61
Other	8.92	4 46

Low Birthweight Infants: 557.

Low Birthweight Infants where mother had late or no prenatal care or it was not reported: 89, (15.98%).

Low Birthweight Infants born to mothers under 20 years of age: 132, (23.70%).

TABLE 6.—DISTRIBUTION OF KERN COUNTY BIRTHS BY AGE OF MOTHER, 1980, 1981 AND 1982

	1980		1981		1982	
	Number	Percent	Number	Percent	Number	Percent
Age (years):						
Unknown	4	.05	1	.01	2	.02
1 to 14	22	.27	27	.30	41	.43
15 to 19	1,657	20.00	1,753	19.65	1,741	18.47
20 to 24	3,138	37.87	3,374	37.84	3,530	37.45
25 to 29	2,191	26.44	2,384	26.73	2,568	27.24
30 to 34	935	11.28	1,042	11.68	1,166	12.37
35 to 39	288	3.48	292	3.27	330	3.50
40 to 44	51	.62	40	.45	48	.51
45 and up	0	0	6	.07	1	.01
Total	8,286	100.0	8,919	100.0	9,427	100.0

Source: Kern County Health Department, vital statistics.

TABLE 7.—DISTRIBUTION OF KERN COUNTY BIRTHS BY MONTH PRENATAL CARE BEGAN, 1980, 1981 AND 1982

	1980		1981		1982	
	Number	Percent	Number	Percent	Number	Percent
Month prenatal care began:						
1 to 3	5,080	61.31	5,692	63.82	5,804	61.57
4 to 6	2,309	27.87	2,366	26.53	2,659	28.21
7 to 9	540	6.52	539	6.04	633	6.71
None	287	3.46	229	2.57	203	2.15
Unknown	70	.84	93	1.04	128	1.36
Total births	8,286	100.00	8,919	100.0	9,427	100.0

Source: Kern County Health Department, vital statistics.

TABLE 8.—DISTRIBUTION OF KERN COUNTY BIRTHS BY BIRTHWEIGHT OF INFANT, 1980, 1981, AND 1982

	1980		1981		1982	
	Number	Percent	Number	Percent	Number	Percent
Under 1 lb 2 oz	10	.12	11	.12	27	.12
1 lb 2 oz to 2 lb 3 oz	29	.35	29	.33	29	.31
2 lb 4 oz to 3 lb 4 oz	60	.72	40	.45	42	.45
3 lb 5 oz to 4 lb 6.5 oz	115	1.39	87	.98	99	1.05
4 lb 7 oz to 5 lb 8 oz	341	4.12	386	4.33	376	3.99
5 lb 9 oz and up	7,720	93.17	8,356	93.69	8,865	94.04
Unknown	11	.13	10	.10	5	.04
Total	8,286	100.00	8,919	100.00	9,427	100.00

Source: Kern County Health Department, vital statistics.

TABLE 9.—BIRTH RATES IN KERN COUNTY AND STATE OF CALIFORNIA, 1981

[Births to all mothers and to those age 17 and under, per thousand total population]

	Kern County	California	Excess of Kern County over State (percent)
Population	418,254	23,992,900	
Total births	8,919	442,06-	
Births to mothers age 17 and under	635	19,615	
Total birth rate	21.32	17.59	21.2
Birth rate to mothers age 17 and under	1.52	0.82	85.4

Source: State Center for Health Statistics, 1981

TABLE 12.—PERCENTAGE OF KERN COUNTY DELIVERIES BY HOSPITAL, 1981 AND 1982

Hospital and area served	1981 percentage of deliveries	1982 percentage of deliveries	
		Number	percent
Greater Bakersfield Memorial, Greater Bakersfield	43.97	4,346	46.10
West Side District, Taft/Buttonwillow	2.07	220	2.33
Delano, Delano/McFarland (and south Tulare County)	8.96	824	8.74
Tehachapi Valley, Tehachapi/Mojave	.16	12	.13
Ridgecrest, Ridgecrest/China Lake	5.35	495	5.25
Edwards AFB, Military population, east Kern County	2.87	279	2.96
Other noncounty	3.60	249	2.64

TABLE 12.—PERCENTAGE OF KERN COUNTY DELIVERIES BY HOSPITAL, 1981 AND 1982—Continued

Hospital and area served	1981 percentage of deliveries	1982 percentage of deliveries	
		Number	percent
Total noncounty hospitals	66.98	6,425	68.16
Kern Medical Center	32.08	2,953	31.32
Nonhospital	.96	49	.52
Total	100.00	9,427	100.00

Source: Kern County Health Department, vital statistics.

TABLE 13.—CONCENTRATION OF PATIENTS WITH LOW BIRTH WEIGHT AT KERN MEDICAL CENTER VERSUS OTHER HOSPITALS

[Deliveries and Low Birth Weight Infants by Hospitals]

Hospital	1980			1981			1982		
	Number delivered	Number <5 lb 8 oz	Percent	Number delivered	Number <5 lb 8 oz	Percent	Number delivered	Number <5 lb 8 oz	Percent
Memorial	3,638	197	5.4	3,922	176	4.5	4,346	181	4.2
West Side District	197	11	5.6	185	13	7.0	220	18	8.2
Delano	698	38	5.4	799	57	7.1	824	58	7.0
North Kern	270	10	3.7	317	7	2.2	246	9	3.7
Tehachapi Valley	11	3	27.3	14	1	7.1	2	0	.....
Ridgecrest	446	36	8.1	477	19	4.0	495	29	5.9
Edwards AFB	253	12	4.7	256	6	2.3	279	5	1.8
All others	7	1	14.3	4	1	25	3	1	33.3
Nonhospital	91	9	9.9	41	7	17.1	49	2	4.1
Total non-KMC	5,618	328	5.8	6,058	287	4.7	6,474	303	4.68
Kern Medical Center	2,668	238	8.9	2,861	273	9.5	2,953	254	8.60
Total	8,286	566	6.8	8,919	560	6.3	9,427	557	5.91

Source: Kern County Health Department, vital statistics.

TABLE 14.—CONCENTRATION OF PATIENTS WITH LATE OR NO PRENATAL CARE AT KERN MEDICAL CENTER

[Percentage of Deliveries by Onset of Prenatal Care and Place of Birth]

	First trimester (months 1 to 3)		Second trimester (months 4 to 6)		Third trimester (months 7 to 9)		No prenatal care	
	KMC	All Non-KMC	KMC	All non-KMC	KMC	All non-KMC	KMC	All non-KMC
1980	37.03	72.84	39.13	22.52	13.87	3.03	8.92	0.87
1981	48.16	71.21	32.69	23.62	10.76	3.81	6.95	.50
1982	45.82	68.75	35.39	24.93	11.07	4.73	5.55	.60

Source: Kern County Health Department, vital statistics.

TABLE 15.—RATES OF FETAL AND NEONATAL DEATHS FOR TRIMESTER OF ONSET OF PRENATAL CARE, KERN COUNTY, 1980

	Fetal deaths per 1,000 total births	Neonatal deaths per 1,000 live births	Perinatal deaths per 1,000 total births
Trimester of onset of prenatal care:			
Average	10.66	8.74	19.30

TABLE 15.—RATES OF FETAL AND NEONATAL DEATHS FOR TRIMESTER OF ONSET OF PRENATAL CARE, KERN COUNTY, 1980—Continued

	Fetal deaths per 1,000 total births	Neonatal deaths per 1,000 live births	Perinatal deaths per 1,000 total births
1	7.30	7.74	14.99
2	9.05	8.70	17.66
3	11.03	1.86	12.87
None	36.50	18.94	54.74
Not reported	150.00	82.35	220.00

Source: State Center for Health Statistics.

TABLE 16.—CONCENTRATION OF TEENAGE MOTHERS AT KERN MEDICAL CENTER

[Teenage Deliveries by Hospital]

	Age<14 years			Age 15 to 19 years			Total<19 years		
	KMC	All non-KMC	Total	KMC	All non-KMC	Total	KMC	All non-KMC	Total
1980 number	19	3	22	886	771	1,657	905	774	1,659
Percent of deliveries in age group by place of birth	86.36	13.64	100	53.47	46.53	100	53.90	46.10	100
Percent of total deliverires at place of birth by age	0.71	0.05	0.27	33.21	13.72	20.00	33.92	13.78	20.26
1981 number	17	10	27	891	862	1,753	908	872	1,780
Percent of deliveries in age group by place of birth	62.96	37.04	100	50.83	49.17	100	51.01	48.99	100
Percent of total deliveries at place of birth by age	0.59	0.17	0.30	31.14	14.23	19.65	31.74	14.39	19.96
1982 number	31	10	41	877	864	1,741	908	874	1,782
Percent of deliveries in age group by place of birth	75.61	24.39	100	5.37	49.63	100	50.95	49.05	100
Percent of total deliveri at place of birth by age	1.05	.15	.43	29.70	13.35	18.47	30.75	13.50	18.90

Source: Kern County Health Department, vital statistics.

TABLE 17.—KERN COUNTY BIRTHS BY PLACE OF OCCURRENCE AND GEOGRAPHIC AREA (CENSUS TRACT) OF RESIDENCE, 1980, 1981, AND 1982, INCLUDING DISTANCE FROM BAKERSFIELD

	1980		1981		1982		Distance miles
	KMC	All others	KMC	All others	KMC	All others	
Geographic area of residence census tracts:							
Greater Bakersfield area (01–31)	1,658	2,584	1,737	3,128	1,786	3,461	NA
Taft/Buttonwillow (32–37)	96	395	107	418	100	420	27/39
Rosedale/Shafter (38–41)	131	238	142	266	166	311	7/20
Wasco (44)	60	214	85	247	99	235	26
Famosa/McFarland Delano (45–51)	173	544	186	591	196	603	24/32
Lake Isabella (52)	25	76	38	86	42	82	47
Mojave/Tehachapi Ridgecrest/Rosamond (53–61)	41	652	27	692	42	748	63/122
Arvin/Lamont (62–54)	401	142	465	157	451	179	12/21
Out of County/unknown	83	773	74	471	71	465	NA

Source: Kern County Health Department, vital statistics.

INTERAGENCY ADVISORY COUNCIL ON SERVICES TO
CHILDREN, YOUTH AND THEIR FAMILIES
Phoenix, Ariz., November 10, 1983.

DEAR FRIEND: On November 2, 1983, at a meeting of the Joint Select Committee on Corrections, a far-reaching and exciting proposal was presented to the Committee by the Interagency Advisory Council on Services to Children, Youth and Their Families. We are writing to you as one who we believe might share our enthusiasm.

The essence of the proposal, a copy of which is enclosed, is that no less than 10% of State funds appropriated for the expansion and/or construction of the adult prison system be used to prevent and reduce child abuse and repetitive juvenile delinquency.

This idea is based on two related matters: First, there is a direct correlation between both chronically abused children and repetitive juvenile delinquency with adult criminal behavior. Second, there is now an urgent need to develop a long-range and durable plan to stem the flow of prisoners into the adult prison system in order to preclude a future prison crisis. We believe that the underlying concept behind this proposal reflects an important step in approaching two long-standing issues, that are clearly connected, in an innovative and deliberate manner.

We are attaching a list of the members of the Joint Select Committee. We would also urge you to contact your own district legislator. We are hopeful that the incorporation of this concept into the deliberations of the entire legislature at the special session scheduled for December 5, 1983 will be achieved.

Please contact our office at 255-3191 if you have any questions.

Sincerely,

LAURA ALMQUIST, *Vice Chair.*

Attachment.

SEC. 1. LEGISLATIVE FINDINGS: POLICY

A. The legislature finds that:

1. The present number of adult prisoners being admitted to the Department of Corrections Prison System exceeds that number being released by more than 100 prisoners per month. That next increase of prisoners in a year exceeds 1,200.

2. The increasing number of prisoners entering the Department of Corrections Prison System is greatly stressing the capacity of the system to securely house these prisoners.

3. There is once again the need to increase the capacity of the Department of Corrections Prison System.

4. The presently approved expansion of the Department of Corrections Prison System as well as the projected expansion of the prison system in the next 10 years will place a significant financial burden on the taxpayer.

5. The increasing number of prisoners in the Arizona prison system is not unique but is also being reflected in many other States of the Union.

6. There is a direct correlation between chronically abused children and/or repetitive juvenile delinquent behavior and adult criminal careers.

7. In order to preclude the need for the building of more and more prisons in the future to accommodate an unabated flow of adult offenders, programs must be implemented now which will prevent and/or reduce the incidence of child abuse and which will prevent and/or reduce repetitive juvenile delinquent behavior.

8. A policy committing the State to an active program of preventing and reducing child abuse and/or repetitive juvenile delinquent behavior is in the furtherance of the crime prevention and deterrence policy of this State.

9. A policy of committing the State to an active program of preventing and reducing child abuse and/or repetitive juvenile delinquent behavior will serve the interest of the taxpayer by slowing the increase in the prison population.

B. It is declared a policy of this State that:

1. Legislative, executive and judical leadership should be committed to the prevention and reduction of child abuse as well as the prevention and reduction of juvenile repetitive delinquent behavior.

2. Any funding method developed now or in the future for the expansion and/or construction of the adult prison system will provide that monies equivalent to no less than 10 percent of State funds appropriated for the expansion and/or construction of the adult prison system shall be used to prevent and reduce child abuse and prevent and reduce repetitive juvenile delinquent behavior.

SEC. 2. ARIZONA CHILD ABUSE AND DELINQUENCY PREVENTION AND REDUCTION FUND

A. There is established a Child Abuse and Delinquency Prevention and Reduction Fund consisting of monies equivalent to no lesss than 10 percent of State funds appropriated for the expansion and/or construction of the adult prison system. One-half of the Child Abuse and Delinquency Prevention and Reduction Fund shall be used for the prevention and reduction of child abuse. One-half of the Child Abuse and Delinquency Prevention and Reduction Fund shall be used for the prevention and reduction of serious repetitive juvenile delinquent behavior.

B. The Child Abuse and Delinquency Prevention and Reduction Fund shall not be used to supplant any other appropriation by a governmental entity for the prevention and reduction of child abuse and/or repetitive juvenile delinquent behavior. The Child Abuse and Delinquency Prevention and Reduction Fund shall be exempt from the provisions of section 35-190 relating to lapsing appropriations.

PREPARED STATEMENT OF GEORGIA VANCZA, ARIZONA CHILD ADVOCATE, TUCSON, ARIZ.

Mr. Chairman and esteemed members of the committee, my name is Georgia Vancza. I appreciate this opportunity to speak to you on behalf of Arizona's children. In my oral testimony, I have chosen to speak to you about those children I know best. I have a been a child advocate in the state of Arizona for more than eight years focusing on the broken and shattered lives of children in the foster care system. In an effort to enable the Child Welfare system to better respond to the needs of these children, I have helped create resources, developed policies and procedures, designed and conducted training sessions for caseworkers, foster parents and community members. I have worked as an ally and an adversary, both inside and outside the public agency. I am proud to be affiliated with the many professionals and volunteers who work diligently in improving the quality of life for Arizona's children.

I commend the Congress for having the courage and determination to establish a national policy dealing with children in foster care. You have attempted through Public Law 96-272 to guarantee that every child that enters foster care will have a permanent home. Because you understood the childs, sense of urgency and the inability of many state bureaucracies to meet their needs I am here today asking that you expand this policy and build on that significant effort by determining a realistic standard of financial need guaranteeing that all children have enough to eat, a place to live and a safe environment, regardless of where a child lives in the United States.

We see children in the foster care system that would not have to be there if we had met the basic needs of their families. These children become a social and economic liability to our nation. In the state of Arizona, more than 50% of the prison population were foster children. A foster parent comments, "Foster Care was not the cause, only the symptom of biological families not helped and effective services not rendered."

Just last week I met with Jim, a former foster child and I would like to share this experience with you. Jim is 18 years old and for ten years has lived in about 15 foster homes and two residential treatment centers. He had his two brothers were removed from their home after several reports of neglect and abuse. His father left the family when Jim was five years old. His mother alternated between working several low paying jobs and living on welfare. She was always tired and seemingly just couldn't cope with the demands of her life. After Jim was removed she tried to cooperate with the many people involved with helping the family. But for her, it was too little—or too much—too late. Jim asks why he was removed from his home and placed in foster care? He asks why the $10,000 per year spent on providing him with substitute homes and psychological counseling was not instead used to enable him to remain with his natural family? We tell him "it was in his best interest to remove him from his family," and that there were "limited choices." For all of our caring efforts and our $100,000 we now have a very angry young man who used to talk about blowing us all up, but he is now planning a suit against the state of Arizona, his former legal parent, for abuse and neglect.

Today with Public Law 96-272 we would hope for a different outcome for Jim. We can speculate about Jim's future and his success as a person and we must accept our part in preparing him for it. There was a good chance that Jim could have remained in his home if the basic needs of that family had been supplemented before it completely deteriorated and required crisis intervention. Sixty-six percent of the reports to child protective service involve families living below the poverty level.

Today our basic financial assistance in Arizona to dependent children for families like Jim's (a mother and three children) is $282 a month, the 1971 standard of need. This represents only 34 percent of the 1984 standard of need. In Arizona the same family would also receive an additional $168 a month in food stamps, making their total benefit $450 a month. Let me note that the poverty standard in Arizona for 1983 is $825. In Arizona 66 percent of all AFDC recipients are children; 36 percent of these children are under the age of six.

Jim's case is real and we unfortunately have many, many other Jims whose needs are urgent. I am certain you are all well acquainted with the horror stories and have statisticss at your fingertips of how the system failed and you must feel the same sense of outrage and frustration as I do at this enormous loss in human resources.

A number of people from Arizona have provided information for this testimony. We have attempted to give you an overview of Arizona's children and families in the accompanying written testimony. You will find letters and program statements reflecting the needs and concerns of close to 50 agencies and individuals. I urge you all to read this material and make use of their statistics and facts.

Please—Lose no time in establishing a national policy which mandates an adequate standard which will insure the children of the United States the basic human needs necessary to be contributing members of society.

If I may quote Gabriel Mistral:

Many things we need we can wait for . . .
But not the child.
Now is the moment. . .
in which his bones are formed,
his blood is constituted,
and his brain developed.
We cannot answer him "tomorrow"—
His name is "today."

Thank you.

PIMA COUNTY FOSTER PARENT ASSOCIATION,
Tucson, Ariz., November 1, 1983.

DEAR MS. VANCZA: Thank you for asking us to help you comment on our children. We hope that you are able to install in the committee a great sense of urgency on the issues of children.

If you sense their humanitarian side is listening tell them what we see. We see children who will never be whole . . . Oh they may look fine but as surely as the amputee is handicapped for life these children have lost a part of their mental health. Most are destined to limp through the rest of their lives. We have seen few psychological cures—only band-aid attempts. Instead, children are coming into care with more and more serious psychological problems. We know there's no cure in a month, a year, maybe never . . . the wounds are too deep. We live with them, fear for their futures, and fear for the society they will create.

No one on that committee, in our government for that matter, has anything better to do than to address the problems of the physical and sexual abuse of this nation's children. Settle for no less than a declaration of a state of emergency because as surely as floods cause economic disaster, the problems of these children, gone unchecked will be a social and economic disaster.

If you sense the ears of frugal economists, tell them that these children are tomorrow's economic burden. Tell them that in Arizona alone over 50% of the folks who fill our prisons were foster children. Hasten to clarify however, that foster care was not the cause, only the symptom of biological families not helped and effective services not rendered.

If one statistician listens tell him that we know abused children beget abused children. Let him figure what will happen in 50 years given the number of abused children we have now.

Might you find a bureaucrat among them, tell him about these children whose lives are in the hands of a bureaucracy. Those who literally grow to adulthood awaiting a bureaucratic or legal decision.

The state makes a poor parent and yet it's vested with responsibility for many of society's children. The impact on those children is by the adults who care for their most intimate needs, that is, the social workers and the foster parents. There must be total commitment to improve the quality of these people by raising their standards and by compensating them adequately for their services and demanding only

the best performance. It took years to learn that lesson about education . . . isn't it incredibly obvious here?

Attached is documentation of a few of our specific concerns. Good luck Ms. Vancza. We hope they are there to act as well as listen.

Thank you,

JOAN DANIELS,
Chairman, Pima County Foster Parents' Association.

Enclosures.

"ON BEHALF OF ARIZONA'S CHILDREN"

(Written by Arizona Foundation for Children, Kay K. Ekstrom, Executive Director)

DEAR READER: Over the past twelve years, Arizona Foundation for Children board members have joined many in the community in serving on various task forces and ad hoc committees, to study and determine resolutions to the many problems facing Arizona's children. The issues in this book are not new. They have continually surfaced as some of the most serious problems for our children.

However, increased attention to these problems is demanded at this time when so many of these programs established to remedy the identified problems are in jeopardy due to the reduction in federally subsidized programs.

We trust that in reading this book you will remember that the statistics represent real children! We hope that you will feel personally compelled to become involved in improving the quality of life for our children.

ARIZONA FOUNDATION FOR CHILDREN BOARD OF DIRECTORS

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Many things we need we can wait for . . .
But not the child.
Now is the moment . . .
in which his bones are formed,
his blood in constituted,
and his brain developed.
We cannot answer him "tomorrow"—
His name is "today."

—GABRIEL MISTRAL, *Nobel prize winning poet, Chile*

ONE-THIRD OF ARIZONA'S POPULATION IS CHILDREN

They are Arizona's future . . . our most valuable resource. They are, however, the most vulnerable of our state's citizens.

This book attempts to identify some of the areas where our future population is at risk. We have dealt with those conditions that seem to be the most urgent. Many other issues face our children, but we have identified only the most pressing problems. We have tried to raise issues and address problems, rather than offer solutions.

It should be noted that some of the information in this book is incomplete; further research must be done to reach specific conclusions. We were not able to address all the programs which serve children, and some important issues were not included because of a lack of accurate data. Some of the issues raised are currently being studied. The solutions to others appear to be easily determined. Most of the issues, however, are complex; they require study, long range planning and commitment for resolution.

It is the purpose of this book to make the reader aware of the problems facing children. Arizona Foundation for Children is ready and willing to work together with others in the public and private sector to bring about effective solutions.

Source: U.S. Census Report.

EACH CHILD DESERVES THE OPPORTUNITY TO DEVELOP HIS FULL POTENTIAL AND BECOME A HEALTHY, PRODUCTIVE CITIZEN; THE FIRST HOPE FOR EVERY CHILD IS THAT HE IS WANTED AND IS LOVED

An environment that provides a nurturing climate for developing a health child also includes:

1. Full preparation for his birth—that his mother is healthy, and receives adequate prenatal, natal and post natal care.
2. A home where the basic needs are provided—sufficient food, clothing and a shelter that is not overcrowded or unhealthy.
3. A safe home—one free from the danger of preventable disease and accidents, free from the danger of abuse and neglect.
4. Health care—this includes immunization, check-ups, early treatment of symptoms of illness or disability and access to the medical care needed.
5. Proper Nutrition—the lack of which can cause physical, mental and emotional disease.
6. Early intellectual stimulation—recognizing that a child develops most of his mental abilities before the age of five.
7. Access to quality education—that he will be able to develop to his individual potential and thereby gain the skills required to become a competent adult.
8. Role models that help to establish a personal value system—giving him independence so that he may become self-reliant, and self-esteem so that he may protect himself from harmful influences.

Children who are deprived of some or most of these needs are more likely to have physical, mental and emotional problems. They are at risk of populating our institutions for dependents; the welfare system, shelters for abused children, foster homes, group homes, hospitals, special schools and prisons. While the cost of caring for our children may be great, the cost of their neglect is astronomical.

Source: "Troubled Children in Georgia."

ONE OUT OF FIVE CHILDREN IN THE U.S. LIVES WITH A SINGLE PARENT

In Arizona, 74,418 households with children under 18 years of age are headed by a single parent, 19% of all households.

Nationally, 12.6 million children under the age of 18 live with only one parent, an increase of 53.9% since 1970. Divorce is the primary cause of single parent families. However, while the number of children with a divorced mother doubled since 1970, those with a never-married mother tripled; 42% of single women with children live below the poverty level, (poverty level for a family of two in Arizona in '81 was $5,690). One child in seven, under the age of six, lives in a single parent household. One black child in two, under the age of six, lives in a single parent household.

The number of children living with single fathers jumped 61% from 748,000 in 1970 to 1.2 million in 1981. However, more children lived with other relatives—1.9 million—than with their fathers.

Source: U.S. Census Bureau, Federal Poverty Guidelines, Department of Economic Security.

NATIONALLY, OVER 50 PERCENT OF ALL CHILDREN UNDER SIX HAVE MOTHERS WORKING OUTSIDE THE HOME

In Arizona, there are 242,400 children (under 13 years of age) of working parents who need day care part of the work day. 127,400 of these children are under age five.

The only day care homes required to be certified are those who care for children eligible for state subsidy. These homes receive minimal training and very little monitoring on a regular basis (one monitor for every 110 homes). Regulations for day care homes are almost non-existent.

Day care centers and day care homes together provide for only 45,750 of these children, leaving 81,650 children, under age 5, in need of some form of supervised daytime care.

37 PERCENT OF ARIZONA'S CHILDREN AGES 6-11 ARE LEFT ALONE WHILE THEIR PARENTS WORK

115,000 school age children need supervised day care part of the day.

Source: Governor's Council on Children, Youth and Families; U.S. Census, 1980; Sylvia Porter; Department of Economic Security: Administration for Children, Youth and Families.

ONE-THIRD OF ARIZONA'S CHILDREN ARE MINORITY CHILDREN: 23 PERCENT ARE HISPANIC, 8 PERCENT ARE NATIVE AMERICAN, 3 PERCENT ARE BLACK

Minority children grow up in conflict with two worlds. Some families have been able to accept the best of both worlds and have learned to adapt themselves based on their own convictions. Many families have determined that one or the other culture will be predominant—the struggle for these children comes if the choice is for the culture that is not predominant in the school or community. Even greater trauma faces the child whose family is torn between the two cultures—trying to adapt to both.

Source: Community Behavioral Services, Phoenix.

POVERTY

66 PERCENT OF ARIZONA'S AFDC RECIPIENTS ARE CHILDREN (1983)

Contrary to the old myth that welfare families have seven or eight children, 73% of the families receiving Aid to Families with Dependent Children (AFDC) in Arizona have only one or two children and the maximum allowable increase for one additional child is $53.

Another popular myth says "once on welfare, always on welfare." Nearly two-thirds of the Arizona families receiving AFDC 63% have been receiving assistance for 24 months or less. One-third of the AFDC families leave the program each year.

In Arizona, AFDC benefits increased by 46% during a period when the cost of living increased by 135%.

An Arizona mother with three children receives $282 per month based on a 1971 minimum standard of need. This is only 54% of the 1983 minimum standard of 825 need figure which is 48,580 CHILDREN ARE CARED FOR AT A 1971 MINIMUM ECONOMIC LEVEL. 38% of these children are under six years of age.

Arizona ranks 37th in average amounts of grants paid for AFDC.

Due to a two billion dollar cut in state and federal funds in 1982, 6000 Arizona individuals lost AFDC benefits in 1982.

Of 10 mothers receiving AFDC, nationally: 4 are caring for pre-school children; 3 are working, seeking work or in training; 1 is disabled; 2 are currently seeking employment; (half of this group are over age 45 or have never been employed).

Source: WHEAT; New Directions; Department of Economic Security; Children's Defense Fund.

114,685 ARIZONA CHILDREN DEPEND ON FOOD STAMPS TO HAVE ENOUGH TO EAT EACH DAY

This represents 13.87% of all of Arizona's children.

National studies show that as a result of the Food Stamp Program, infant mortality was down 33% and infant deaths caused by hunger-related diseases declined by 50%.

Food stamp benefits average about 49¢ per person per meal and are tied to the cost of the "Thrifty Food Plan." The Agriculture Department's own surveys show that five of every six families whose food expenditures are at the same dollar level as the Thrifty Food Plan fail to obtain the Recommended Daily Allowances for the basic nutrients.

An inadequate diet prevents a child from properly developing physically, mentally and emotionally. As a result of poor nutrition, children are at greater risk of developing diseases (i.e., hypertension, diabetes, cirrhosis of the liver) as adults, that result from a poor diet during childhood.

Proposed cuts in food stamps support nationally for 1983 would eliminate benefits for 3 million persons and reduce benefits for 15 million others; 60% of those losing benefits are families with incomes below the poverty level.

Source: Children's Defense Fund; "A Children's Defense Budget, 1982"; "Kentucky Families Have Problems"; ACCORD; Department of Economic Security.

Health Safety

AUTOMOBILE ACCIDENTS ARE THE LEADING CAUSE OF ACCIDENTIAL DEATHS IN YOUNG CHILDREN; IN 1980, 12 CHILDREN FOUR YEARS OF AGE AND UNDER DIED IN AUTOMOBILE ACCIDENTS.

1,533 children, four and under, were seriously injured.

A ten year review of almost 40,000 children up to four years of age who were involved in automobile accidents shows that about 150 died. What is significant is the effect of wearing a seat belt in determining death or survival. Of those wearing seat belts, one in 3,150 was killed; of those not wearing seat belts one in 227 was killed.

Children who don't wear seat bests are 14 times more likely to die in automobile accidents than those wearing seat belts.

Source: Neil Solomon, M.D. Arizona Republic.

36 CHILDREN UNDER THE AGE OF 4 DROWNED IN ARIZONA IN 1981

Children under 4 made up 28% of the total of all persons drowned in Arizona in 1981. Children under 4 represent only 4% of the total population. These percentages compare unfavorably with Colorado, a state with a similar population where 7 children under 4 drowned in 1980 (12% of the total drownings in Colorado).

Some of the possible reasons for these statistics are open drainage ditches and unfenced canals and swimming pools. Most municipalities in Arizona require residential pools to be fenced with self-locking gates; however enforcement of those safety regulations is almost nonexistent.

Source: Arizona Vital Records: Department of Vital Statistics, Department of Health, Colorado.

SOME CHILDREN STILL CAN'T SEE THE BLACKBOARD OR HEAR THE TEACHER

Though we have taken great strides in sight and hearing screening, some children still fail to receive appropriate diagnosis and treatment. There are many other chronic health problems that are not detected which interfere with the child's ability to learn.

55,000 school age children in Arizona are physically, mentally or emotionally handicapped. 92% of all children in Arizona have tooth decay before age six. On any given day 2,000 children can be expected to be absent from school due to acute dental problems.

For 11 million children, Medicaid is the only means of financing check-ups, medical check-up, medical treatment, dental care, hospitalization and necessary medication.

On October 1, 1982 Arizona became eligible for Medicaid funds through the commencement of AHCCCS, the Arizona Health Care Cost Containment System. Will AHCCC meet these needs for Arizona's children?

Source: Department of Health Services, Bureau of Maternal & Child Health: Children's Defense Fund.

EACH YEAR IN ARIZONA OVER 600 BABIES DIE WITHOUT CELEBRATING THEIR FIRST BIRTHDAY

They die in infancy from problems which include respiratory infection, congenital problems and prematurity. Medical health professionals project that up to one-third of these deaths are preventable.

Source: Arizona Department of Health Services; Bureau of Maternal and Child Health.

2,000 BABIES BORN IN ARIZONA EACH YEAR SPEND THE FIRST SEVERAL WEEKS OR MONTHS OF THEIR LIVES IN THE HOSPITAL

More than half are born prematurely, and their principal problems are conditions which are directly related to prematurity. Many studies have shown the direct contribution of absent or inadequate prenatal care to premature birth and life-threatening illness in the newborn. It is anticipated that 1/3 of the 2000 babies' mothers did not receive adequate prenatal care.

Source: Department of Health Services; Bureau of Maternal and Child Health.

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Child Abuse

15 CHILDREN UNDER THE AGE OF 10 DIED AS A RESULT OF ABUSE IN 1980 IN ARIZONA; 11,897 CHILDREN WERE REPORTED VICTIMS OF CHILD ABUSE AND NEGLECT IN ARIZONA IN 1981

There were 32,444 inquiries made to Child Protective Services (CPS). It cannot be concluded that because only ⅓ of the inquiries were investigated that ⅔ of the children represented by those inquiries are not at risk. National studies indicate that there are nine unreported cases of child abuse for every one reported.

Manpower seems to be one of the issues . . . since there are not sufficient CPS workers, only the most serious reports can be investigated.

Nationally, child abuse affects well over one million young people each year; it has become the leading cause of infant mortality and now ranks as the number five child killer in the U.S.

Source: National Humane Society; 1980 Conference: Department of Economic Security.

89 PERCENT OF FAMILIES INVOLVED IN CHILD ABUSE ALSO REPORT OTHER FAMILY VIOLENCE

In an 18 months study in Coconino County in 1981-82, 520 families were served by the crisis nursery due to abuse or potential abuse of their children. 460 of those families also were experiencing abuse of spouse, sibling abuse or were abusive with their peers.

This destructive cycle must be stopped! 75% of self-acknowledged child abusers who are seeking help through Parents Anonymous suffered some form of abuse as children.

One study in a southern state shows that 73% of convicted armed robbers, rapists and murderers in the state's adult correctional facilities had been abused as children.

Source: Northland Crisis Nursery, Study by Dino Thompson; "Who is the Abuser?, A Social Demographic Profile," Joan Kemper; "Hope for Children, A Personal History of Parents Anonymous," Patty Wheat and Leonard Lieber; "Child Abuse and Neglect in the Background of Multiple Offenders," Ruth S. and C. Henry Kemp, 1979.

Out-of-Home Care

IN 1983, ARIZONA SPENT OVER 100 MILLION DOLLARS ON CHILDREN'S SERVICES

Four state agencies and fourteen juvenile courts administer these dollars to delivery services to children and youth who are developmentally disabled, emotionally disturbed and/or potentially or actually determined to be abused, neglected, incorrigible or delinquent.

80% of the funds are spent on 20% of the youth, those with serious physical or emotional problems, while only 20% of the funds are spent on 80% of the children in need of prevention, intervention or diversion services.

The concerns raised by these facts are:

Coordination of services.

Potential duplication of services.

Dollars lost to duplicative administration.

Arizona's funding priorities.

The Governor has established a Cabinet level committee which includes the directors of the Department of Corrections, Department of Economic Security and Department of Health Services. The purpose of this committee will be to establish an efficient and cost effective service delivery system for the children and youth of Arizona. The committee will work with and receive input from the Governor's Council on Children, Youth and Families and an Interagency Advisory Council.

Source: Model Children and Youth Services Development Project; Interagency Committee; Department of Economic Security.

2,600 CHILDREN ARE IN FOSTER CARE IN ARIZONA

Some of these children will spend their childhood in foster care. The future of these children is uncertain because plans to establish a permanent family for them

are not implemented according to the child's urgent sense of time. As a result, many are scarred by their prolonged stay or multiple moves in foster care. 75% of all children who are in foster care for 1½ years will remain in foster care until they become adults.

In Arizona, the total foster care program costs taxpayers almost $12 million annually, not including administrative costs. If one child is removed from foster care due to replacement with the natural family or placed in an adoptive home, the cost savings for one year is $10,000. There is no way to measure the human cost factor!

Source: Foster Care Review Board, 1981 Report; Department of Economic Security, Children's Defense Fund.

THE AVERAGE DAILY FOSTER CARE PAYMENT FOR A CHILD IN ARIZONA IS $5.85; THE AVERAGE DAILY COST TO BOARD A PET IN A KENNEL IS $5.88

The family foster care fee is intended to cover a child's room and board, non-prescription health needs and other incidentals.

Source: Department of Economic Security.

1,095 OF ARIZONA'S NATIVE AMERICAN CHILDREN WERE IN FOSTER CARE IN OTHER STATES IN 1981

This number represents 16% of our total Native American child population who are primarily cared for by non-Indian families.

Source: "Linkages for Indian Child Problems," Vol. 2, Issue 1, 1982.

176 CHILDREN ARE WAITING FOR ADOPTIVE FAMILIES IN ARIZONA

92 of those children have been identified as special needs children, they have serious medical or psychological problems, and 71 of them are 13 years old or older.

Through the efforts of special training for workers in the area of permanency planning and with the diligent review of the Foster Care Review Boards many children have been freed from foster care and placed in loving, permanent adoptive families. Arizona also has a program which provides a subsidy for families adopting special needs children and this has increased the number of children who are adopted.

In the first six months of 1982, 86 adoptions were finalized. (250 occurred for all of 1982.) Special recruiting groups of professional and lay people have joined in seeking additional minority families to adopt our minority children who are waiting.

With all of these efforts, 176 children still have no permanent family.

Source: Department of Economic Security.

Developmentally Disabled

THERE ARE OVER 14,000 DEVELOPMENTALLY DISABLED CHILDREN IN ARIZONA

1,900 of these children are served by state agencies. The services provided include parent support, in-home training for children and families, preschool services, respite and sitter services, and—in cases where supportive services cannot offset the need—residential services.

Prevention, early identification and intervention services can often be the difference between a child who develops into an independent and self-sufficient adult and one who requires continued assistance and support. Through a recently completed cost/benefit analysis, it was shown that the benefits of preschool services outweighed the costs by 236%. The retarded children in the project required less special education, had lower delinquency rates, required no institutional care and had higher lifetime earnings.

Prevention and intervention dollars are the most vulnerable to budget cuts.

Source: Department of Economic Security; Division of Developmentally Disabled.

340 DEVELOPMENTALLY DISABLED CHILDREN REQUIRED FOSTER CARE IN 1982

Families with developmentally disabled children often experience great stress. For 340 of these families, this stress led to neglect, abuse, abandonment or the inability of the parents to provide care. As a result, these children are now in foster care instead of in their family homes.

It is estimated that the cost of foster care for one developmentally disabled child is $14,300 per year. With improved and expanded family support services such as sitter, respite and in-home training programs, many families would be able to cope with their disabled child and many foster care placements would be prevented. This would result in a cost savings of $12,600 per child per year.

Source: Department of Economic Security; Division of Developmentally Disabled.

Education

DURING THE 9 MONTH SCHOOL YEAR 1980–81 15,685 CHILDREN DROPPED OUT OF ARIZONA SCHOOLS

The 1979–80 national dropout rate was 50.37 per 1000 enrolled; the Arizona rate is 66.65. Among Black and Hispanic children there is one dropout for every two high school graduates. One out of four teen-age girls drop out of school.

The cost of education for one child per year is $1,765, far less than the cost of unemployment benefits.

In Arizona, children who leave school without graduating are twice as likely to be unemployed as high school graduates.

In Arizona, the youth unemployment rate was 18.2 in 1980; for non-white males it was 27.6. In 1979 the Arizona youth unemployment rate was 13.8.

Source: Department of Education; Department of Corrections; Arizona Juvenile Justice Advisory Council State Plan for 1982.

EDUCATION IS A MAJOR PROBLEM FOR MANY NATIVE AMERICAN YOUTH

In Arizona the estimated dropout rate is 25–30%. In the 1980–81 school year 40% of the children at Phoenix Indian School dropped out.

At one Phoenix high school, 23% of Indian students dropped out, while the average dropout rate among all students at that high school was 18%.

On some reservations there are no high school facilities for students. Some of the issues to be explored in providing education for Indian youth are:

Isolation factors
Recruitment of teachers
High turnover rate among teachers
Busing long distances
Proposed closure of boarding schools
Public school financing.

Source: Department of Education; Indian Education unit, 1980–81 Annual Report; Youth Advocacy Project, August 1981, Phoenix Indian Center.

Troubled Youth

ALCOHOL RELATED ACCIDENTS ARE THE LEADING CAUSE OF DEATH IN YOUNG PERSONS AGES 15–25 IN THE U.S.

75% of Arizona high school seniors use alcohol with some regularity. In Coconino County—60 out of the 100 monthly juvenile court cases are alcohol related. The child of an alcoholic has a 50% greater chance of becoming an alcoholic.

Significant emotional damage is done to children due to alcoholism. A study done in Phoenix with employers shows that the alcoholic's family has a 50–60% higher utilization of medical insurance benefits for psychiatric services than the average insuree.

Families seek help for other problems when alcoholism is the real, but often hidden problem. Alcoholism increases with unemployment. The alcoholic affects an average of 5 to 7 other people directly; and children and young people are the most vulnerable members of the family.

Source: Greater Phoenix Affiliate of National Council on Alcoholism; Task Force on Juvenile Alcoholism; Flagstaff.

ARIZONA RANKS 5TH IN THE NATION IN THE RATE OF ADMISSIONS TO DETENTION CENTERS AND JUVENILE CORRECTION FACILITIES; 626 YOUTH WERE COMMITTED TO THE DEPARTMENT OF CORRECTIONS IN 1981

It costs $27,000 to incarcerate a juvenile in a juvenile correctional facility in Arizona. It is estimated that 20% of the juveniles committed to the Department of Corrections could be placed in non-secure programs if the programs were made available and utilized.

The increase in the number of children placed in correctional facilities from 1979–81 was 14.6% while the increase in the number of juvenile arrests for that period was only 2%.

Major crime against persons comprised 4% of all juvenile arrests for 1979–80.

Source: Arizona Juvenile Justice Advisory Council; Office of Economic Planning and Development; Intergovernmental Programs.

8,236 BABIES WERE BORN TO ARIZONA TEENAGERS IN 1981

123 were born to mothers under age 15.

Two in five young women will become pregnant at least once during their teen years.

600,000 babies are born annually to teen-aged mothers in U.S. The birth rate among 14–17 year olds has increased 75% since 1961 and has decreased among all other age groups.

11% of U.S. teenage girls become pregnant each year, 5% give birth; teen births represent 16% of all births in U.S. while teen abortions represent 31% of the abortions.

93% of teenage mothers keep the baby.

Babies born to teen mothers are three times more likely to die during their first year than babies born to mothers ages 20–34. The adolescent mother-to-be faces unique problems of pregnancy due to her physical and emotional immaturity, leading to the high incidence of unhealthy babies born to teens.

One out of every nine babies born to teen mothers is likely to be premature, retarded or have other disabilities.

CHILDREN OF TEENAGE PARENTS ADJUST TO SCHOOL AND LEARNING WITH GREATER DIFFICULTY THAN CHILDREN OF OLDER PARENTS

While adequate prenatal care of the teenager may result in the birth of a healthy infant, the subsequent health may be severely jeopardized by early parenthood. All analyses show deficits in the cognitive development of children born to teenagers; much, but not all of the effects result from social and economic consequences of early child bearing.

Source: Arizona Family Planning Council; Vital Statistics; "Infant Mental Health Journal," study by Mark Roosa, A.S.U., Spring '82, "Good Beginnings," Vol. III, No. 4, July–August, 1978; "Conceptions," Winter 1981, Planned Parenthood; Department of Health Services.

Action Steps

WHAT SHOULD WE DO ON BEHALF OF ARIZONA'S CHILDREN?

The facts show that in Arizona, as in other states, we have allowed many of our children to be a low priority, often falling behind highways and prisons in state budget decisions.

Concerned citizens can help to shift this emphasis by becoming a strong "voice for children" and speaking out on the issues. Something can and must be done to improve the conditions highlighted here, but it will take the combined efforts of individuals from all parts of the community.

AS A CONCERNED CITIZEN YOU CAN MAKE A DIFFERENCE

The following are ways in which you can help:

1. Become better informed about all issues affecting children.
2. Share your concern and knowledge about these issues with your family, friends, neighbors and those you contact in your work and leisure activities.
3. Communicate your concern and desires for Arizona's children to elected and appointed officials and representatives.

4. Volunteer your time, efforts, expertise and financial support to community organizations and agencies serving children.

5. Identify yourself with our statewide advocacy efforts on behalf of children by becoming a member of the Arizona Foundation for Children.

We cannot stand idly by and fail to meet the needs of children. The results of our apathy can be devastating.

Today's children determine tomorrow's world.

I Am A Child

I am a child.
All the world waits for my coming,
All the earth watches with interest
To see what I shall become.
The future hangs in the balance,
For what I am—
The world of tomorrow will be.

I am a child.
I have come into your world
About which I know nothing.
Why I came I know not.
How I came I know not.
I am curious.
I am interested.

I am a child,
You hold in your hand my destiny.
You determine, largely,
Whether I shall succeed or fail.
Give me, I pray you,
Those things that make for happiness.
Train me, I beg you,
That I may be a blessing to the world.

(This statement, written in Chinese and English, appears at the entrance to the Guideposts kindergarten in Hong Kong.)

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Kentucky Youth Advocates; "Kentucky Families Have Problems."
Rick Mueller Photography.
Navajo Division of Social Services; Bureau of Indian Affairs: "A Future for Navajo Children."
New Directions for Young Women.
Northland Crisis Nursery.
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United Way of Metropolitan Atlanta.
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ARIZONA UPDATE

BUDGET CUTBACKS

Some results from communities around the State: 6,000 people lost their AFDC benefits in 1382 because of changes in eligibility requirements; 270% increase within six months in requests for emergency food; 1,000 people homeless in one county living in cars, parks, and arroyos; ⅓ more school children in one poor urban area lacking basic needs of food, shelter and clothing; 60% increase in requests for food boxes in one year; 76% increase in reported cases of child abuse and neglect since 1981 (ACYF-II); 90% increase in requests from AFDC families for emergency aid from Salvation Army; 54% increase in children served by ACYF in one county since 1981, 13% reduction in funding; more than 50% of the inmates in Arizona's prisons were abused as children; Arizona is incarcerating people at a rate 95% higher than the national average; 2,000 people are on waiting lists for services from the State Division of Developmental Disabilities; 1,000 more children in day care than was planned or budgeted for; and 109% increase in substantiated sexual abuse cases in one county in the last two years.

ARIZONA OVERVIEW

$200,000,000 shortfall predicted in 1984 tax revenues.
AFDC rolls are expected to increase by 4,000 people.
An additional 300 children are projected to enter foster care.
Department of Corrections is currently 1,000 inmates over capacity.

UNITED WAY OF GREATER TUCSON,
Tucson, Ariz., October 31, 1983.

Memorandum to: Representative George Miller, Chair, Select Committee for Children, Youth and Families.
From: Janet Marcotte, Chair, United Way Government Relations Committee.
Subject: Select committee testimony.

I would like to begin by commending the House of Representatives for establishing the Select Committee on Children, Youth, and Families. This committee was formed at a time when families are facing the greatest threat to their destruction in our country's history.

Government funding plays a major role in voluntary agency support, nationwide—representing 42% of their budgets on the average. In Tucson, government support for the 43 United Way agencies totals 50.5% of their budgets, thus reinforcing that Government and United Way allocations are intertwined. Therefore, as government funds are cut back, pressures increase on United Ways as well as the entire voluntary sector to fill funding gaps and save services faced with elimination.

For example, in the fiscal years 1981–1984, anticipated cuts in the federal budget will produce over $25 billion in cutbacks in income for voluntary organizations working in such fields as social welfare, education, health, income assistance, arts and the environment.

These cuts have caused and will cause additional income cuts for non-profit organizations, as State and local governments translate their reduced federal funds into greater budgetary allocations for public services rather than allocations for voluntary organizations.

These budget cuts have already caused a much greater reliance on private donors—individual and corporate—to make up for these cuts in federal aid to the voluntary sector. However, according to Cornell C. Maier, Chairman of the Board and Chief Executive Officer of Kaiser Aluminum and Chemical Corporation, the truth is that private sources simply cannot fill the void caused by federal budget cuts. And, it is not realistic to look upon the private sector for the amount needed to maintain the current level of service. Corporate giving for example in 1982 totalled approximately $2.5 billion, or five percent of all giving. Even if corporate giving doubled, the $5 billion donated would still be a far cry from the amount required to match the governmental budget cuts.

Based on these projections made by Mr. Maier and shared by many others, the federal government, in partnership with the voluntary sector, must maintain its share of funding to critical health and social services in this country. The congress must restore the funding needed so that no child, family, or individual falls through the cracks of our society.

In relation to specific legislation, the United Way of Tucson's Government Relations Committee would like to express its support of the following two bills recently introduced in Congress:

HR 3978—School Facilities Child Care Act (S 1531). This bill would direct HSS to issue grants to public agencies and private nonprofit organizations to provide child care services in public schools. This bill seeks to address the problem of latchkey children, which is a major concern in our community.

HB 2242/S 1360—These two bills would provide $8 million over the next five years to States and communities starting or expanding public or nonprofit child-care information clearing houses. As the economy continues to improve, child care is a major component to this improvement and without a system for providing this information, many working parents will not be able to find safe and quality day care for their children.

In closing, thank you for the opportunity to express a few of our views concerning the needs of children, youth, and families.

PREPARED STATEMENT OF WILLIAM G. STEINER, DIRECTOR, ALBERT SITTON HOME, COUNTY OF ORANGE

Child abuse and neglect has reached epidemic proportions across the United States, and Orange County, despite its reputation for affluence, and the good suburban life has not been immune from this tragic social problem.

Statistics on reported cases of abuse, neglect, abandonment, and the sexual molestation and exploitation of children have literally "gone through the roof" over the past five years. In 1978, 3,463 such cases were reported to the Orange Child Abuse Registry. In 1982, the number of children who came to the attention of authorities had risen to 7,697, a 122% increase. These represented "mandated" reports only; teachers, nurses, doctors, social workers, police and other professionals who are required under the law to report suspected cases of abuse and neglect. Several thousand other incidents were reported by non-mandated sources; neighbors, relatives, citizens in the community, etc.

Reports of children who have been victimized come from every community in Orange County, from the richest to the poorest. Abused children represent all ethnic and religious groups, and come from every socio-economic strata.

Professionals in the field have felt for years that the extent of the abuse and, sometimes, torture that these children have experienced has become more aggravated, and is occurring in younger and younger children. Of 2,065 children from infants to teenagers requiring protective custody in 1982 in Albert Sitton Home, Orange County's emergency shelter for dependent children, 29% had been physically or emotionally abused, 14% had been sexually abused, 35% were admitted due to neglect and lack of parental care and supervision, 15% came from unfit homes or were destitute, 4% were abandoned, and 3% were admitted as runaways, or for miscellaneous reasons.

This represents an endless parade of tragedies; children with skull fractures and broken bones; children with scalded bodies and scars from cigarette burns; babies addicted to heroin and experiencing withdrawals, due to their mother's use of drugs during her pregnancy; children left homeless due to the arrest of their parent(s); latch key children from single parent homes where affordable child care is simply not available; families who are isolated from traditional support systems; children whose parents are filled with despair and a sense of hopelessness, which has driven them into psychiatric hospitals or to suicide; children living in the back seat of a car or a garage for months; teenage girls and boys, and pre-teens and toddlers who have been molested and exploited, and robbed of their childhood by trusted adults who have betrayed them., and, finally, children who are simply not wanted, who are abandoned; society's "throw away kids", who are the products of parents who simply have no parenting skills.

Yet these are the fortunate ones. They have found safe refuge and, hopefully, decisions will be made to improve the quality of their life, which so many other children take for granted. Unfortunately, however, some of our most vulnerable children do not reach the safety and security of Albert Sitton Home. They become the tragic statistics of children who have lost their lives as a direct result of abuse and neglect. In the last five years over fifty children, all under the ages of six, have died in Orange County.

What Orange County has experienced in terms of the neglect and abuse of its children is a mirror of what is being experienced across the country. Increased population growth, or compression, urbanization, divorce and family breakdown, unem-

ployment and economic hard times, alcohol and drug abuse, cultural and racial differences, and unrealized hopes and expectations all combine to focus frustration and anger on our children, who become helpless targets. And certainly one cannot discount the impact of increased public awareness and sensitivity about child abuse in the ever increasing number of cases that are reported. Nevertheless, it must be recognized that what is being seen represents only the "tip of the iceberg".

Child abuse and neglect is rooted in the very fabric of our society. The cost in economic and human terms is enormous. It is incumbent upon us, then, to break this vicious cycle. Certainly an improved economy can have a big payoff in lessening the stresses which our families experience. But much more must be done. Children must have a high priority and be recognized as our nation's most valuable resource. Policies must be adopted which strengthen families, and funding must be available for child abuse prevention programs, parenting education, child care, and treatment for the victims of abuse and neglect. To do less is indefensible, and will only result in a continued band aid approach to the problem. As a nation we can do better than that, and we must for the sake of new generations of our children.

Y.S.P. VICTIM-WITNESS ASSISTANCE PROGRAM,
Costa Mesa, Calif., December 8, 1983.

Reference: Southwestern regional hearing.

Hon. GEORGE MILLER,
Congress of the United States, House of Representatives, Chairman, Select Committee on Children, Youth and Families.

DEAR CONGRESSMAN MILLER: Y.S.P., Victim/Witness Assistance Program helps victims and witnesses of all types of crime regardless of race, creed or age in Orange County. Victim/Witness Centers are located in each of the county courthouses including Juvenile Court. Child victims are particularly vulnerable, and the Program is constantly involved with child victim/witnesses and their families.

A criminal act can have severe after effects on the child victim and the family. It may result in deep personal and emotional problems causing friction within the family and marital relationship. Victim/Witness staff are trained to provide a variety of services as well as reassurance and support as the case moves through the criminal justice system. The Program refers to counseling and other needed services and maintains contact with the family as long as it appears service is required.

In Juvenile Court, the Program serves child victims in dependency as well as in criminal cases. Overall, general pleasure has been expressed with the new thrust to increase family counseling. More children are able to stay in their homes, or if removed, are returned sooner.

Child sexual abuse is an increasing problem in Orange County. The Victim/Witness Program of Orange County developed the Child Abuse Prevention Program in response to this problem, receiving a federal grant through the Office of Criminal Justice Planning and Department of Social Services.

Child protective services reported 944 cases of sexual assault in 1981. The same year the Victim/Witness Program served 850 victims of sexual assault and 557 or 65.5% were under 18, of these 280 were 12 or under.

In 75% of reported molest cases the child knows the molester. Dr. Roland Summit of Harbor U.C.L.A. Medical Center, in a study, concluded that only 6% or one out of 17 child molestors were reported to authorities. In contrast the other 25% of reported cases are crimes where the child is grabbed, molested, raped or murdered and are invariably reported to authorities.

Parents and teachers are generally unaware that most children are sexually assaulted by someone that they know. Others who may be aware, do not feel comfortable in talking to the child about these matters. Consequently, most children are not alerted to this danger and do not know how to deal with such a situation. In addition, children may not be believed when they tell that they have been sexually assaulted by an adult.

Some so called "preventive programs", can be destructive to the family and do not build up self-esteem or improve communication. Sometimes little consideration is given to the age and development of the child. After research, the Child Abuse Prevention Program of Glendale, Ohio was chosen and adapted for use in the Orange County Schools. Emphasis is given in making child sexual abuse a public issue, the classroom workshops provide children with information to recognize assaultive situations. Material presented in the teacher/staff in-service and the parent program include an overview of the problem of child sexual abuse, as well as information

necessary in caring for victims of abuse. Materials identifying the child victim, crisis intervention, and reporting procedures is distributed at all adult workshops.

In changing the position of children as powerless individuals, the classroom workshop focuses on children's rights to be safe, strong and free. The issue of assault as a violation of rights is examined and specific prevention strategies are offered to maintain individual rights. The goal is for the children to grasp the concept and language of children's rights and to apply it in describing real life situations and activities. Follow-up activities and adult feedback reinforce these concepts. Support networks between children and adults within the school community and established social service agencies are created to reduce the child's vulnerability and isolation. Children are encouraged to seek the support of their friends and a trusted adult when they need help. Children may be more likely to approach school staff with their concern after viewing their teacher as a supportive adult within the workshop.

Administrators, whose participation is an inherent part of the program, make a commitment to support teachers in reporting abuse. This visible support, incorporated as part of school policy, creates a supportive structure and atmosphere which may encourage teachers to act on behalf of their students.

Seeking to minimize the trauma of revictimization often caused by the system, the Program explains realistically, the implications of reporting the abuse to the child, and maintains a close personal liaison with police officers, Deputy District Attorneys and social service agency personnel responsible for child protection and treatment of abuse cases.

A team of nine make school and youth group presentations providing training to three classes at a time, with a presenter and two volunteer role players. Role playing centers around situations of child vs. child abuser, child vs. stranger abuser and child vs known abuser. First the situation is dealt with poorly then, with child input and participation, it is presented positively. Time is allowed for additional explanation and feedback for individual children. Programs have been held at elementary schools, preschools and for youth groups at Superior Court, West Court and Golden West College. The goal is to reach over 7,500 children, 150 school personnel and 3,100 parents this year. Every effort is being made to reach the vulnerable, including minority, developmentally disabled, children of alcoholics and those previously victimized.

The most heart rending cases served by the Victim/Witness Program are those of child victims of parents of murdered children. Crimes against children result in the terrible toll of emotional and physical injury, as well as the high cost of psychological and medical treatment. Children are particularly vulnerable, but with "low cost" educational programs, the crime rate can be reduced. Support is urged for funding for such programs and for support of Victim Legislation which encompasses the cost of medical and psychological services for victimized families ineligible for other help.

Sincerely,

HARRIET BEMUS,
Program Coordinator.

FACT SHEET ON ALCOHOL AND DOMESTIC VIOLENCE BY LINDA PRINGLE, ORANGE COUNTY SERVICE FOR ORANGE COUNTY COALITION AGAINST DOMESTIC VIOLENCE

The exact relationship between domestic violence and alcohol abuse is not known. To date little documentation regarding this has been done. However, a search of the literature and some local information gathering does shed some light on this subject.

ABUSED WIVES

Carder, in his 1978 Minnesota study of nearly 100 abused wives who called a community agency hotline, found that 35% of the abusing men were daily drinkers and another 10% were weekend drinkers. In addition, 71% of the abused wives said they also drank, with most reporting frequent drinking.

In 1978 Congressional Record reported another survey of women who sought emergency aid in Ann Arbor, Michigan, following abuse by their husbands: 60% of the husbands were excessive drinkers and more than 65% of the assaults involved some drinking.

Del Martin, the author of the book "Battered Wives," states that from national surveys conducted by respected sociologists it is estimated that of the 47 million couples living together in the United States in 1975, 3.4 million had faced a spouse wielding a knife or gun, well over four million had been beaten up by a marital

partner and another five million had engaged in "high risk injury" violence. During the course of the marriage it is estimated that half of all American wives will experience some form of spouse-inflicted violence, and for 20% of these women the violence will occur with "incessant regularity".

Byles, in a 1974 study in Ontario discovered that 139 domestic cases which came to family court, violence was twice as likely to be reported in families with alcohol problems than families without.

Gayford, in a British study interviewing 100 abused wives, found drunkenness a factor in 74 of the cases.

Gerson's study of alcohol related violence (data gathered in Ontario in the mid 1970's) showed that most alcohol related acts of violence were marital assaults.

Some persons seem to hold the view that alcohol abuse does not cause marital violence—that the link is not one of cause and effect. One hypothesis is that intoxication is a disavowal technique used by abusive husbands: Intoxification may be perceived by the drinker and possibly others as well as a "time-out" period during which normal rules and standards for behavior are diminished (Gelles 1972, Hindman 1979).

Child abuse

Dr. Henry Kempe who gave us the term "battered children," and Helfer (1972), estimate that alcohol may play a role in as many as ½ of all reported cases of child abuse.

Gil's book "Violence Against Children," contains an estimate that 37,000 to 50,000 child abuse incidents result in serious injury each year—2,000 result in death. It has been said (Viano, 1973) that more children under age 5 die from injuries inflicted by their parents than from TB, Whooping Cough, Polio, Measles, Diabetes, Rheumatic Fever and Appendicitis combined.

Behling in his study at Long Beach Naval Hospital of 51 cases of child abuse found that in 35, or 69% of the cases, one or both parents has a history of alcohol abuse.

In a study of father-daughter incest, Julian and Mohr 1980, reported problem drinking as a factor in incestuous families.

A 1974 Helsinki study (Viakkunen) of 45 cases of father-daughter incest found alcoholism in 22 of them. However, it appears that alcoholism may be more clearly associated with child neglect—both physical and emotional—than with abuse, according to Alcohol Health and Research World 1977.

Among socioeconomic factors correlated with incest, income has been found to be the most closely related; race appears to have litle significance (National Center on Child Abuse and Neglect 1981). The median income of both abusive and incestuous households is considerably lower than the median income of all U.S. families. Data further indicates that both abusive and incestuous households are larger than found in the general population (Julian and Mohr 1980).

Closer to home

In a Los Angeles Police Department survey conducted in 1979 investigators reported that nearly half of the family dispute cases involved alcohol or drugs.

To focus the attention on the devastating impact of domestic violence, the Orange County Coalition Against Domestic Violence ran a data collection project with the participants of all County police agencies. In the 72 hours, September 27–29, 1982, the police reported nine felony crimes and 46 misdemeanors committed related to domestic violence. Felonies included seven assaults with a deadly weapon and a sexual assault against a child. Misdemeanors included eight cases of assault and/or battery; 19 of fighting or disturbing the peace, and two cases of child beating.

The relationship between the suspect and victim varied: 21 husbands victimized their wives, four wives their husbands, two children were beaten by parents; one child was sexually assaulted by her stepfather. Six "live-in" males victimized "live-in" females. Twelve male adult children victimized parents and/or siblings.

Domestic violence has to be serious for police to be called. Even formal reports are only written for the worst incidents. The City of Garden Grove finds in analyzing statistics that it can be anticipated in a year approximately 1,746 calls for service related to domestic violence, or five calls each day in the City. Statistics show a 5% arrest rate, 8% formally reported, 4% cancelled, 82% nor further action was taken.

Projecting these figures for the County (population approximately 2,000,000 compared to 126,000 in Garden Grove, 6.3% of the total) it could be anticipated that in a year there will be 28,508 calls, or 78 calls per day.

For the years 1980, 1981 and 1982 the Family Violence Hotline reported the following information. It should be noted that the relationship between counselor and

client is exclusively over the telephone and that these volunteers do not always routinely ask about the involvement of substance abuse in violent behavior.

	1980	1981	1982
Total number of appropriate domestic violence calls	719	652	512
Calls reporting alcohol involvement	215	223	75
Calls reporting narcotics involved	54	78	28
Calls reporting no substance abuse	65	17	0
Calls unknown whether substance abuse was involved	385	334	409

It can clearly be seen that when a substance was reported as being involved, alcohol was the drug in use of 76% of the total substance involved reports.

The Orange County Women's Transitional Living Center, in a recent study, found that of the women living in the center 77% of their spouses abused alochol. They further estimate that 80% of the women themselves are children of alcoholics.

As reported by the Orange County Department of Social Service, Child Abuse Unit, 8,450 children were victims of child abuse in 1982. The most frequent offenders are males—average age of 30. Raylene Devine, an authority in the field, believes that at least ¼ of the offenders have an alcoholabuse background.

Children's group homes in Orange County do not keep track of domestic violence cases as to whether alcohol was involved in the incident. They do, however, hold the belief that alcohol does play a significant part in the child abuse problem.

In an informal poll of clients in our own Alcohol Regional Teams it is estimated that 65% of the husbands have beaten their wife, 30% of the wives have beaten their husbands, 50% were themselves abused as a child, less than 20% physically abuse their children, 35–40% of the females and 5% of the males were incest victims.

Though complete information is lacking, what is available seems to point to direct correlation between the use of alcohol and the incidence of domestic violence in Orange County. Just what percentage is not possible to tell from the sample of information here. If, however, a "very large" assumption were made (based on the known percentage of alcohol involvement reports from the Family Violence Hotline and the Garden Grove study), one might conclude that of the 28,508 anticipated calls to officers regarding domestic violence, approximately 27% of 7,697 reported incidents in a year would occur in relationship to alcohol abuse.

If the unknown calls were assumed to be distributed in the same proportion as the known substance abuse reports the results would be: 43% of the total domestic violence calls would have alcohol involved.

To date most studies of family violence have not distinguished among alcoholism, problem drinking, intoxification, drinking in any amount, the violent episode, and different incidents of violence in the family. As Joan Abcon noted after her careful literature review, we need more studies with control groups—studies of how non-abusing people behave, cross-cultural studies—and research which integrates psychological and sociological approaches.

DOMESTIC VIOLENCE DATA COLLECTION PROJECT BY ORANGE COUNTY POLICE AGENCIES FOR OCCADV

Cases reported by police:	
Felonies	7
Misdemeanors	48
Subtotal	55
Estimated number of calls responded to by police without generating report	165
Total	220
Felonies included:	
Child molestation	1
Felony wife beating	1
Assault with deadly weapon	2
Vandalism damage in excess of $1,900	1
Child stealing	1

Assault with intent to rape	1
Total	7
Misdemeanors included:	
Assault and battery	25
Disturbing the peace	16
Threat with firearm	1
Vandalism	5
Interfering with peace officer	1
Total	48
Relationship of suspect to victims:	
Husband victimized wife	19
Wife victimized husband	2
Live-in male victimized live-in female	6
Father stole his children	1
Son's mother victimized daughter-in-law	1
Wife's parents victimized son-in-law	1
Stepson threatened his step father with a deadly weapon	1
Son and one daughter victimized their mothers	1
Mother victimized her daughter under 18	1
Father victimized his son under 18	1
Father victimized his daughter under 18	1

DOMESTIC VIOLENCE DATA COLLECTION PROJECT—1983

This is the third year of data collection from police agencies in Orange County. During a 72 hour period on September 9, 10 and 11, 55 separate incidents of family violence were reported to county law enforcement agencies.

Data indicates the number of incidences reported on by County law enforcement agencies, to be consistent with the 1982 reporting period. It is known, however, that a significant number of cases still go officially unreported and the trauma, human suffering and negative impact on the family unit cannot be measured solely in terms of numbers of reports.

For every call responded to by police regarding family violence, it is estimated that only 1 of 4 of those calls results in an official report. Based on reports received during this 72 hour period, it was assessed that police in Orange County responded to an additional 165 calls where no report was taken.

A conservative evaluation of the average time spent responding to family violence calls by police is 22 minutes per call. Garden Grove Police Department has recently computed officer costs at a per minute rate of $.47. This rate includes actual costs of salary, fringe benefits, support services and vehicle. The policy in most Orange County agencies, if not all, dictates a 2-man response on family violence calls. Using the Garden Grove data, a 2-man response on such calls will costs $20.68 for the average of 22 minutes spent on each of these calls.

Last year, Garden Grove police, using their own computerized data, projected that police agencies county wide would respond to 78 calls per day related to family violence in 1983. This projection was amazingly accurate, as demonstrated in the current county data which indicates a rate of 72 calls for service in a 24-hour period related to family violence.

Accordingly, 26,767 calls, at an average cost of $20.68 per call, result in an expenditure of $553,542.00, or in excess of ½ million dollars that will be spent by police county-wide responding to these calls in 1983.

Each year it is increasingly obvious that the problem of family violence exacts a high price from all of us, fiscally, psychologically, and physically.

PREPARED STATEMENT OF EVELYN COLON BECKTELL, FAMILY LIFE EDUCATOR, THE COALITION CONCERNED WITH ADOLESCENT PREGNANCY, SANTA ANA, CALIF.

The Coalition Concerned with Adolescent Pregnancy welcomes the opportunity to submit written testimony to the House Select Committee on Children, Youth and Families, to review and present some possible solutions to the problem of early unintended pregnancy.

Teenage pregnancy is a crisis both for its victims and for society. There are 14 million girls between 13 and 19 in the U.S. and 5.5 million of them will become

pregnant at least once during their teens. More than 9 million teenage girls are sexually active, and 800,000 of them are using no contraceptives, nor are their partners. According to a report just released by the Child Welfare League, most 12-15 year old mothers learned about contraception in sex education classes, "but almost a quarter had been sexually active for a year before they were given (the) information." Abortion is the choice of 53 percent of unmarried teenagers when they do conceive. Those who don't have abortions often wait too long or have moral qualms about having an abortion.

As a result, the U.S. has one of the highest teenage birthrates in the world. Nearly 15 percent of all babies are born to teenagers—562,000 of them in 1980. The greatest increase in the unwed birthrate is among whites. Teenage motherhood presents obvious financial problems. Medically, too, the mothers and their infants are at high risk. The 31 percent of pregnant teens who marry are twice as likely to be divorced or abondoned. Of those who carry their pregnancies to full term, 96 percent keep their babies. Half of these young mothers never finish high school, which reduces their chances for jobs. In 1982 families headed by women between 14 and 24 had a median annual income of only $4,883, well below the poverty level. Aid to Families with Dependent Children, a federal program, will pay out most of its $7.2 billion budget this year to female heads of household. (Life Magazine, December, 1983).

HISTORY AND BACKGROUND OF THE PROBLEM

An adolescent in today's society faces many sexual pressures and many times is confused and unsure about what is normal. More teenage girls are becoming pregnant, over 1.2 million annually. About one in 10 girls, age 15 to 19 becomes pregnant each year. If current trends continue, more than one-third of today's 14-year-old girls will have experienced at least one pregnancy befo[illegible]eaching their 20's. What accounts for these trends? Some blame today's social va[illegible]es, in which divorce is common, sex is emphasized, parental and institutional authority is declining. Others note that young people in this country are maturing physically at an earlier age. Studies show that two-thirds of the teenagers who regularly have sex do not use an efficient form of birth control due to lack of knowledge about sex and contraception, perceived difficulty in obtaining contraceptive devices, parental consent issues, or adolescent reluctance to plan contraceptive use. The tragedy is that young people must be making adult types of decisions at a time when they should simply be preparing for adulthood.

SETTING OF THE PROBLEM

In July 1977 the Orange County Chapter of the March of Dimes established a task force to research the cause of the growing number of low birth weight infants. It was quickly discovered that this medical problem correlated directly with the increasing number of births to adolescents.

The approximately thirty individuals involved in the task force represented a diverse group of agencies, organizations and concerned individuals. Recognizing that babies born of teenage mothers sometimes suffer multiple birth defects because the adolescent body is not yet developed for motherhood. Also, that these young mothers often become abusive parents and require financial assistance, the group agreed that a separate forum for finding solutions was needed in Orange County. After much research and planning CCAP was established to bring together parents, professionals, educators and organizations interested in this task.

CCAP was established as a volunteer membership organization. For a minimal membership fee persons concerned about adolescent pregnancy and interested in promoting family life education became a part of the working network. An annual workshop/meeting, newsletters, and committee activities on legislation, school education and community awareness were the major activities. The membership dues assisted in supporting the costs of printing and mailing. Many active volunteers provided time and energy and in-kind contributions were supplied by agency members.

In 1979–80, with an active group of 75 members and a mailing list of over 300 persons, it was decided that it would be beneficial to apply for status as a non-profit corporation. Once again, volunteer assistance made this a reality. In April 1981, due to the efforts of a local lawyer and experienced agency representative CCAP became incorporated as a non-profit agency.

The committee during this time continued to be active in (1) monitoring legislation, (2) planning and conducting county-wide workshops (four were conducted in 1980), (3) distributing newsletters, (4) speaking to school boards and other groups considering family life education programs, and (5) distributing media releases.

CCAP was beginning to be recognized as a valuable coordinating body for activities related to preventing adolescent pregnancy. More important, it was seen as a vehicle for identifying the needs both in services and education. Once identified, the wealth of ideas and energy available through the membership could be put to work to alleviate the need.

It was for this reason that in 1981 CCAP prepared a proposal for the Parent Awareness Project. It has become evident that the community namely parents, were essential in encouraging responsible family life education in their schools, churches and community organizations. Further, that they could, with assistance, become educators within their own homes.

First, however, what was needed was to increase their awareness of the problem and their role in preventing it. The project, funded by the State Office of Family Planning, was designed to expand and focus the activities of CCAP in an effort to involve parents in education programs and community organization efforts. Currently being implemented, the project focuses on the media, newsletters, printed materials and workshops to increase parent awareness. It also assists others involved in family life education or adolescent pregnancy by providing them with a resource library, resource directory, workshops, membership meetings and printed materials. Finally, it supports the valuable work of the six active committees.

CCAP now boasts an ever increasing membership of nearly 100 individuals and organizations. The mailing list currently exceeds 800 persons. CCAP is no longer simply a post office box, but is housed in a centrally located office with space for meetings and a library. A full-time director, a family life educator and a full-time administrative assistant, along with a fourteen member board of Directors are responsible for the implementation of the Parent Awareness Project.

SUMMARY OF BACKGROUND LITERATURE

Orange County has a population of nearly 2 million persons with a median income of $22,300 (Orange County, 1980). It is estimated that there are over 250,000 parents with 354,000 K-12 public school children (figures for private and non-public schools are unavailable). The ethnicity of the Orange County population is predominately white with an estimated 14% Hispanic, 1% Black and 1% Asian population group.

Orange County has experienced exceptional growth during the past decade. It is projected, based on the mean age of the new arrivals to the area that the number of women in their childbearing years (15-44) will increase 22% between 1977 and 1985. This data has compelled the local health planning council to focus on this group in future planning for the county (Orange County Health Planning Council, 1979). Another outstanding health concern in Orange County is the high incidence of sexually transmitted diseases. During 1976 and 1977, the reported cases of gonorrhea increased by 16% and the reported cases of syphillis increased 84% (Orange County, 1980).

Generally, however, the Orange County population represents a healthy group with mortality and morbidity rates not typical of an urban community. The population tends to be younger with higher incomes than comparable counties. The problem of adolescent unplanned pregnancy is not limited, though, to urban communities. In fact with the higher number of childbearing aged women and the higher rates of sexually transmitted diseases, Orange County may be at greater risk.

The most recent report from the Guttmacher Institute highlights another concern. For example, the sexual activity among white females (aged 15 to 17) doubled during the decade of the 1970's, while it increased less in minority populations. Also, teen marriages dropped only 4% for whites, while it dropped 45% for blacks. This pattern regarding the white population continues throughout the report. There are undoubtedly many reasons for these findings, nevertheless, Orange County with a population of 84% white, may require special attention.

The local data would support this claim (see attachment A). In 1980, there were 3,526 reported births to teens in Orange County; the fertility rate among teens has climbed from 19.4 in 1959 to 21.5 births to 1,000 teens in 1977, 1 out 5 births in Orange County is to a teenager; and teenagers account for 6,000 to 10,000 reported abortions each year.

Early childbearing poses serious health, social and economic problems for adolescent mothers and their children. The problems include increased high school dropout rates, higher suicide rates and higher infant mortality rates. The cost to the taxpayer is estimated to be $8.3 billion nationally and $4.5 million in Orange County each year. All persons in Orange County are affected by these data.

COMMUNITY ATTITUDES

The services available to pregnant teenagers in Orange County presently include health clinics, School Age Mother programs and two residential centers. Family planning clinics are available to the sexually active teenager. Finally, educational programs are available through these agencies to teenagers within the classroom setting.

Though no local study of parent attitudes, knowledge and practices has been done to date, parents in Orange County presumably support family life education for their children to a similar degree as parents across the state and nation.

For example, nationally in 1980 a Gallup poll discovered that "large majorities of parents support sex education. . . ." The Children's Advisory Panel to the International Year of the Child and the White House Conference arrived at similar conclusions.

In a survery of 700 Minnesota high school students, it was found that most students wanted help from adults in coping with their sexual relationships, and they felt that their parents, the church and the school had failed them in this area. Other studies have shown that students, when provided with family life and sex education are uniformly receptive and supportive of the programs.

The high number of unplanned adolescent pregnancies in Orange County is caused by an assortment of factors, including: inaccurate family planning information from peers; media stereotypes and misinformation in a non-threatening manner conducive to their retaining the information and applying it to their particular situation.

The majority of teenagers are misinformed and uninformed. Their primary source of information regarding sexuality are their peers and the media. Both sources are likely to provide inaccurate and distorted attitudes about sexuality.

Parents may be keenly aware of this, but feel ill-prepared to assume the role of sexuality educator of their children alone. In 1972, a survey of midwestern parents revealed that only 16% agreed with the statement "Most parents are capable of teaching their children about sex education." (Planned Parenthood of Santa Cruz, 1979).

A local parent, Barbara Decker, former President of the 4th district Parent Teachers Association was quoted recently in *Readers Digest* as saying, "We feel it ought to be taught in the home and the church. But it's not being done there." The article goes on to state that a 1978 Cleveland study found that 85 to 95 percent of parents admit they never discuss any aspect of sexual behavior or its social consequence with their children.

While parents may feel discomfort with this issue, schools, for other reasons, also avoid the topic.

In 1979, a survey of schools, conducted by Douglas Kirby found that only "ten percent of our students are getting a comprehensive sex education program. The rest get substantially less or nothing."

Orange County mirrors this finding. In a phone survey, CCAP found that many schools were cutting back health and family life programs, not conducting programs they reported and relying more on the local provider to conduct presentations. Further examinations revealed that the local providers, while operating at full capacity, are reaching only 9,000 of the more than 354,000 students in this county. Family life sex education is, despite parent support and interest, still the exception to the rule.

PROOF OF NEED

There are 170,000 adolescents (aged 10–19) in Orange County. The number of births to Orange County girls aged fourteen and under nearly doubled between 1979 and 1981, according to figures released this week of September 2, 1983, by the Orange County Health Planning Council. In addition, the report—a five-volume study completed annually by the council—showed a twenty-three percent increase in births to sixteen year olds.

According to the study, there were twenty-two births per 1,000 girls fourteen and younger in 1979. The rate increased 95 percent—to 43—in 1981. There were 285 mothers per 1,000 girls aged sixteen in 1979 and 351 in 1981. The increases are of great concern to health care professionals, since there is a considerably greater risk of birth defects in youth pregnancies. (*The Register*).

Local, state and national authorities believe lack of accurate family planning information from peers and the media, and inadequate methods of getting accurate information to adolescents in a non-threatening way conducive to increasing their reproductive health knowledge lie at the heart of unintended pregnancies.

"Teenage sexual activity, pregnancy and childbearing are longstanding social problems that have increased alarmingly in the last decade. One way to combat irresponsible (adolescent) sexual behavior and to reduce the number of unintended pregnancies is through sex education. Adolescents currently learn about sex from peers and the mass media. This 'education' often is characterized by misinformation and questionable values." (*Information Services Bulletin*).

"Fostering responsible, informed decision-making is an important aspect of family planning activity. When young people are presented with factual information regarding sexuality, they are less likely to engage in irresponsible sexual behavior.

Family life educators have an obligation to provide non-biased information to help adolescents avoid the consequences of irresponsible sexual behavior." (*State Plan for Family Planning Services*).

Because statistics and authorities agree that unintended adolescent pregnancies are detrimental to the community and the individuals and families affected, Orange County adolescents need nonthreatening, accurate sexuality information.

Adolescents are more in need of sexuality information than ever before, and at increasingly younger ages. Yet many adolescents do not know of the existence of health services available to them, or find out only after their first pregnancy or other health related problem. Adolescents in Orange County generally are not aware of agencies that may be tailored to serve the special needs of adolescents—needs for preservation of anonymity and confidentiality, low cost, sensitive treatment and flexible scheduling.

Community awareness of the problem has brought enthusiastic support for new family life education and service programs.

The most serious problem faced by agencies such as ours obviously is lack of substantial funding to reach an ever increasing and diverse community. Dollars need to be channeled directly to prevention and education if we are to stem the tide of teenage pregnancy, which ultimately leads to female heads of household costing our government $7.2 billion per year.

The Coalition Concerned with Adolescent Pregnancy's major task is to prevent adolescent pregnancy by encouraging responsible family life education and by encouraging good communication and healthy development. Through networking and planning with many agencies and through our own efforts, we have developed parenting programs, teacher training and consultation, programs for youth, a resource library and an information/referral phone line.

Our target population is the Orange County community especially parents and teens. However, we provide services to all groups, because we feel that a multi-faceted approach is best.

Last fiscal year, CCAP (with a staff of only three) reached 3509 persons through a direct program or contact, many others (estimated 15,000) were reached through brochures, flyers and feature stories. Volunteer assistance makes these numbers possible.

Our program objectives are rather lengthy, but basically we have utilized a media campaign, printed materials, neighborhood workshops and county-wide workshops to accomplish the task of increasing the communities awareness of adolescent pregnancy and sexuality.

Interested parents have been recruited and trained to conduct programs for other parents in their communities, through the Parents as Educators component of CCAP.

In an effort to serve families as well as parents, training workshops have been developed and conducted for parents and adolescents. The training is designed to increase their ability to communicate about sexual health issues.

Finally, CCAP has worked to develop and maintain a network of individuals concerned with adolescent pregnancy and interested in promoting family life sexuality education. This component of our program offers workshops, newsletters and a resource library to this population.

It is the intent of our work to make responsible family life education a reality in Orange County schools, community organizations, churches and homes. This is being done in an effort to alleviate the problem of adolescent pregnancy and its related problems. More important, this is being done in an effort to increase healthy sexual development among Orange County children and to increase parents' skills in encouraging this process. We believe that we have made a significant impact in our community.

There is nothing that so touches every part of our lives, that carries so much importance in our society and which so many people have so much misinformation about than . . . sex.

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On one hand we are surrounded by expiicit sexual messages and images and yet only twenty percent of parents actually talk to their children about sex. Eighty percent of all Americans favor sex education in schools but only ter: percent of students receive a quality comprehensive sex education program. The rest get substantially less or nothing at all.

We are faced today with over one million teenage pregnancies a year. One third of all abortions in the United States are to teenagers, some as young as eleven or twelve. The consequences of these children having children are often tragic. Never have we so badly needed to help our youngsters come to grips with accurate sexuality information.

ATTACHMENT A

ESTIMATED 1982 TEEN FERTILITY RATES BY SCHOOL DISTRICT IN ORANGE COUNTY

	1982 estimated number women 15–19 years	1982 number births to women 15–19 years	1982 estimated teen fertility rate (births per 1,000 teen women)
Anaheim Union High School District	14,660	623	42.5
Brea-Olinda Unified School District	1,384	18	13.0
Capistrano Unified School District	3,890	84	21.6
Fullerton Joint Union H.S. District	7,975	252	31.6
Garden Grove Unified School District	8,876	394	44.4
Huntington Beach Union H.S. District	14,032	297	21.2
Irvine Unified School District	3,023	35	11.6
Laguna Beach Unified School District	680	7	10.3
Los Alamitos Unified School District	1,523	9	5.9
Newport Mesa Unified School District	5,195	118	22.7
Orange Unified School District	7,338	176	24.0
Placentia Unified School District	3,481	66	19.0
Saddleback Unified School District	4,512	59	13.1
Santa Ana Unified School District	6,475	707	109.2
Tustin Unified School District	3,890	84	21.6
County total	86,934	[1] 2,929	33.69

[1] This total includes 16 births to Orange County mothers of unknown address.

The "school district" describes a geographical area only in this table (not the number enrolled in the districts' schools). The "estimated number of women" includes not only young women, 15–19 years of age, attending public junior high and high schools in the district, but also their counterparts in private and parochial schools. It also includes young women in this age group who are out of high school because they have graduated or for other reasons. The "teen fertility rate" represents births only, not pregnancies (abortion data is not available).

RON J. BROWN, Ph.D.,
Santa Ana Unified School District, December 16, 1983.

Congressman GEORGE MILLER,
Chair, Select Committee on Children, Youth and Families, House of Representatives, Washington, D.C.

DEAR CONGRESSMAN MILLER: I would like to thank you and your staff for the efforts that you are taking on behalf of families in American society.

Since 1974, I have served as an Administrative Consultant to the Swedish Baseball and Softball Federation. I am very impressed with the pragmatic and progressive philosophy of Swedish leaders in education, government, labor, business, and social service systems and their ability to work "together" in maintaining a high quality of life for their fellow citizens.

Many of the difficulties that are facing American society, have already been dealt with in a very effective manner in Sweden. People, especially the children and the elderly, are given the highest priority in Sweden.

The following enclosures are excerpts from a doctoral project, "An Overview Of Public Education In Sweden." It will give you insight into the public education and social service systems of Sweden. I would appreciate it if you would please add this

information to the testimony of December 7, 1983, that was given at the Santa Ana City Council Chambers.

It is my belief that we have the potential in the United States to develop a high quality of life for all of our citizens, however, it seems to me we lack a national commitment to obtain this goal.

If I can be of any service to you, please feel free to contact me. Thank you very much for your time.

Sincerely,

RON BROWN.

CHAPTER 7—SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

SUMMARY

This study was designed to provide an overview of public education in Sweden. The purpose of this study was sixfold: (1) To provide background information on Sweden; (2) To provide background information on the development of public education in Sweden; (3) To provide information on the administration and organization of public education in Sweden; (4) To provide information on the curriculum content and teacher training in the public education system of Sweden; (5) To provide information on the unique aspects and relationships of the public education and social service systems of Sweden; and (6) To offer recommendations for the reduction of the dropout rate in California's compulsory comprehensive public education system based upon knowledge received from the public education system of Sweden.

CONCLUSIONS

Swedish students attend a nine year compulsory comprehensive school from ages seven to sixteen. A student may select to go on to the voluntary upper secondary school. The dropout rate from the compulsory school is 3.3 percent. The dropout rate from the voluntary school is 8.1 percent.

California students attend a twelve year compulsory comprehensive school from ages six to eighteen. The dropout rate is 30 percent. Many public and private agencies indicate that the reason for the large dropout rate in the public high schools of California is due to the lack of alternative educational programs in California school districts.

The current system of public education in Sweden was established in 1971. After attending the nine year compulsory comprehensive school a student may select to go on to the voluntary upper secondary school. He/she may select from one of twenty-two diploma lines (practical/vocational and/or theoretical/academic) or from one of 450 special courses (on-the-job training) or he/she may work in the public or private sector. In 1977, Parliament passed the Higher Education Act which enables persons twenty-five years of age or older, having a record of at least four years of gainful employment, and having a sufficient knowledge of the Swedish and/or English languages, to be admitted to the university. In 1977, the government adopted an expansion plan which, by 1981, had established 100,000 new day nursery facilities throughout the country

The public education system of Sweden operates as one unified school district with a common standard and equal funding for all schools. Education is free from the part-time preschool to the university. It is designed this way to bring about democratization in education and society.

Swedish students in the nine year compulsory comprehensive school are required to take courses in sex education, personal relations, parenting, child development, English, home economics, industrial arts, career orientation and exploration, and computer technology.

About 45 percent of the students who go on to the upper secondary school select the practical/vocational lines, and 55 percent of the students select the theoretical/academic line. Seventy-five percent of the upper secondary students go on to the university.

Adult education is very popular throughout Sweden with 60 percent of the adult population attending school.

The Sweden Parliament, National Swedish Board of Education, National Swedish Board of Universities and Colleges, and National Labor Board plan educational policy.

RECOMMENDATIONS

Sweden's public education system has problems, too, however, they are minimal in comparison to the problems facing public education in California today. To reduce the dropout rate and to improve California's compulsory comprehensive public education system, the writer offers the following recommendations based upon relevant applications of the public education system of Sweden.

(1) The State Department of Education should develop a master plan of education for the remainder of the 20th Century and looking into the 21st Century.

(2) The State Department of Education needs to establish specific goals and reorganize California's compulsory comprehensive public education system into a cohesive system that is flexible and easy to adapt in accordance with the changing needs of society.

(3) The State Department of Education needs to mandate that students receive instruction in sex education, personal relations, parenthood, child development, foreign language, home economics, industrial arts, career orientation and exploration, and computer technology by the end of the eighth grade.

(4) The State Department of Education needs to develop alternative diploma lines for public high school students who want a theoretical/academic education, or a practical/vocational education, or a combination of theoretical/academic education and practical/vocational education or for a student who wants to work. The student should also have accessibility to adult education and community college programs.

(5) The University of California and State University of California systems should allow "open admission" to people twenty-five years of age and above.

(6) The public education institutes (high school through higher education) need to correlate their course offerings with the Department of Labor and what is available in the labor market.

(7) Mother care centers, child care centers, day nurseries, preschools, and retirement centers should be provided in each community.

(8) The State of California needs to finance its compulsory comprehensive public education system properly. In Sweden, in addition to all the services outside the school that are provided for the child, the average amount spent per year on each child is $3,600.00. The national average in the United States is $2,690.00 and the average in California is $2,337.00.

PREPARED STATEMENT OF NAN CHAPMAN, EXECUTIVE DIRECTOR, OPTION HOUSE, SAN BERNARDINO, CALIF.

Although the Domestic Violence movement is relatively young, there are 100 Shelters for battered women and their children in California, 30 of these Shelters are located in the Southern California region. In 1982, 150,000 women and children utilized Shelter services (including 24-hour hotlines) in California. Twenty-six of the 30 Shelters in Southern California provided services to 52,358 women and children in 1982.

Domestic Violence is no longer the invisible crime it has traditionally been. For the past three years, there has been a Domestic Violence Awareness Week with the slogans "Domestic Violence is a Crime Against the Future," "Domestic Violence Hits Close to Home," and "Peace on Earth Begins at Home." These slogans exemplify the efforts of Domestic Violence service providers to increase community awarness regarding the problems of Domestic Violence.

Domestic Violence generally refers to the crimes of spousal abuse (battering), child abuse, incest, and other forms of family violence (e.g., children beating parents). In the city of Los Angeles in 1982, the City Attorney processed 4,500 cases involving Domestic Violence. The Los Angeles County Coroner's Office reported 261 Domestic Violence-related homicides in 1982. Child Protective Services have never been more needed in the Southern California region than at the present time, and rape, another crime directed mainly at women, is steadily increasing.

In recognition of the fact that Domestic Violence is a social problem, with social roots and consequences, the Domestic Violence movement has emerged. Within the movement, battered women's Shelters stand out as an organized attempt to offer help to victims of Domestic Violence.

Battered women's Shelters focus primarily on providing a safe place where women can find temporary refuge from the abusive situation. Shelters also provide a number of other services for battered women and their children, including advocacy, resource referral, counseling, outreach and following up support, children's services and other types of assistance (legal, medical, etc.).

Aside from providing a safe place for battered women and their children on a temporary basis. Shelters work toward achieving the following goals and objectives: to provide an empowering environment for battered women where they understand that they do have other options besides returning to the abusive situation; to provide validation of the battered women's experience, showing her that she is not the only woman this has happened to, and that violence is never justified; to provide a comprehensive children's program designed to break the intergenerational cycle of violence; to provide advocacy for victims of Domestic Violence, working within the system to help this population with special needs; to provide outreach services for individuals who do not need Shelter but do need information and/or referrals, as well as intensive effort directed toward community education. Those individuals and groups involved in the Domestic Violence movement focus especially on making Domestic Violence visible.

The overall position of women (and children) in this society is clearly inferior to the overall position of men. Particularly, women and children have historically been regarded as the property of men. This attitude leads to a cultural view that men may do as they please with their wives and children; a view that has been largely reponsible for keeping Domestic Violence an invisible crime. Although 50% of all American women can expect to encounter Domestic Violence at some point in their lives, the Shelter movement is little more than 12 years old. The fact points to the reality that attention to the crime of Domestic Violence is recent and dramatically understated.

The Domestic Violence movement, therefore, focuses heavily upon community education regarding both the general incidence of Domestic Violence and the special needs of these victims. It is the aim of Domestic Violence service providers to educate community members about this most insidious of crimes, and to work toward prevention in the future.

As the economic situation worsens, the trend is for the status of women to worsen as well. Women, traditionally concentrated in low-income, low-prestige jobs; frequently the last-hired and therefore the first-fired when lay-offs become necessary, find themselves in an increasingly negative position when the economy worsens. This fact leads to the reality that it becomes ever more difficult for the battered woman to get out on her own, to secure a job and income, housing, and all the things she will need to leave the abusive situation.

Moreover, as the economic situation has worsened, and particularly with a Republican government, the funding for Domestic Violence service providers has become more and more problematic. The consequences of these funding problems are long-term and far reaching. First, the service providers are able to provide less service, especially in the critical area of prevention. Second, the Staff involved in helping victims of Domestic Violence suffer from low salaries and little-to-no job security at the same time that they work with individuals in a high stress, crisis situation. This is a sad situation at best, as the staff cannot possibly do the best job of helping these victims under these circumstances.

Community support for locally based non-profit organizations such as Option House is sketchy. There is a strong base of support from some community members which has continued to remain strong for the past six years. However, Domestic Violence service providers face the somewhat unique problem of serving victims that many individuals regard as unworthy of help. This attitude stems partially from ignorance—not knowing the extent of Domestic Violence—and partially from the attitude that victims of spousal abuse somehow deserve their fate. Again, the intensive efforts at community education help to ameliorate these attitudes, but one consequence of them is a lack of community support for programs which provide services to battered women.

In the effort to educate community members regarding the problem of Domestic Violence, it is often helpful to discuss the Cycle of Domestic Violence. It does appear that there are three distinct phases which operate cyclically and which serve to keep the battered woman in the abusive situation. First, there is the Tension Building phase. This is when both internal and external pressures build, creating tension in the marital relationship. These pressures can include the everyday annoyances of life with another person, problems with children, money and/or job problems, etc. When these tensions have built up sufficiently to lead to violence, the Explosive phase begins. This is the stage where the actual violence occurs (the violence can be anything from verbal threats to fatal physical injury). It is important to remember that this violence is occurring between two people who have met and fallen in love, had dreams and plans together, are most probably married, with children and living together; it is no violence between two strangers on the street brawling over some issue. Once the Explosive phase has been played out, the violence is over and the

tension is gone too. This then allows for the emergence of the Loving Respite or Honeymoon phase. The Loving Respite phase of the cycle is the time when the battered woman finally has some power, as only she can forgive the batterer. He is feeling (in most cases) sad, remorseful, guilty. The dynamics of this phase are most powerful, as he courts her, woos her, begs for her forgiveness, promises that it will never happen again, agrees to get help, etc.

Understanding Domestic Violence as occurring in this cycle goes a long way towards understanding why women stay. However, one of the most critical factors in why some men beat women, and why some women stay, is that it is learned behavior. Repeatedly, we find that the woman involved in a battering situation witnessed her mother being abused; the man who is the batterer witnessed his father abusing his mother. The impact of this fact is tremendous, as dealing with frustration and anger violently is transmitted from one generation to the next, as is the attitude that being abused is acceptable. Because we know that Domestic Violence is thus transmitted from one generation to the next, a major focus of the Domestic Violence movement is prevention. Prevention can be taught in the schools, it can be engineering through comprehensive Children's programs like most Shelters have, and it must be a viable aspect of counseling efforts. As mentioned above, prevention efforts are often the first to fall by the wayside as funding becomes critical. This fact should lead to a concern on the part of current legislators to secure the necessary funding for programs which address these needs.

It is important to note that Domestic Violence occurs in all social classes, it is not a problem that only working/lower class individuals suffer. However, middle and upper class women who are battered have many options (e.g., the money to go stay in a motel if necessary) when faced with an abusive situation. Because the working/lower class woman often does not have alternatives, she stays in the abusive situation. It is therefore critical that service providers such as Option House continue to provide Shelter for battered Women.

In 1982, Option House, which is a country-wide program (but one of five in the County), served 740 women and children in Shelter. An additional 500 to 600 calls are handled each month through our 24-hour hotline. The need for our services is obvious, as is the need nationwide. Because this need is so obvious, service providers strongly urge continued efforts by legislators to address the problems of Domestic Violence, particularly funding issues, but also issues which are important to victims of Domestic Violence (such as custody rights, etc.).

One last item of importance is that Domestic Violence service providers are not "man-haters", nor do we advocate divorce or the break-up of the family as the only alternative open to the woman who is battered. Our main goal is to change the abusive situation. In several counties, there are now programs available for the batterer; programs which focus on teaching the batterer non-violent way of dealing with anger and frustration. These programs reflect the attitude that the family situation can often be changed and the family unit kept intact with help. When divorce and ending the family situation is the alternative that the battered woman selects, then we as service providers aid her in finding the things she will need to survive—a job, housing, etc.

Although Option House is a Shelter in the Southern California area (located in San Bernardino County), it provides basically the same services as all other Shelters for battered women and their children. The goal of providing a safe place is primary, while the other services provided are secondary. As part of the overall Domestic Violence movement, Shelters are not a band-aid measure. Rather, Shelters are an important part of the movement to eradicate the crime of Domestic Violence. Other parts of the Domestic Violence movement include Coalitions and Alliances at the regional, state and national levels.

PREPARED STATEMENT OF SUZANNE CRAWFORD-CRAMER, MSW, OCEANSIDE, CALIF.

MR. CHAIRMAN, AND DISTINGUISHED COMMITTEE MEMBERS: Thank you for the opportunity to provide additional testimony to that taken in Santa Ana, California.

I am currently employed by a private, nonprofit community social service organization in Oceanside, California. My services are provided to Marine Corps Base, Camp Pendleton through a contract, between my employer and the Base, to develop, implement and coordinate a preventive education program in the area of Child Abuse. The program is now in its second year, and in the course of assessing needs, tailoring the program to those needs, etc., I have worked closely with many Marines and their familes. Although this testimony contains information which is a matter of record, i.e., the goals, objectives and methodology of the Camp Pendleton pro-

gram, I have included my own personal views, opinions and recommendations. My personal input does not necessarily reflect the views, policy or position of Camp Pendleton or the United States Marine Corps. Additionally, because statistics are always dynamic and seldom one hundred percent accurate, those cited herein reflect a snapshot in time (December 1983 for Camp Pendleton demography), approximations (cost factors) or estimations (where empirical data is not available). Statistics quoted from published sources are so identified.

To place the Camp Pendleton Family Advocacy Program, as I view it, into proper perspective, a bit of background is in order.

Personal.—I have been associated with Camp Pendleton since October, 1982. Prior to that time my experience included, over a five year span, working with service families in a hospital-based family advocacy program, a Navy Family support Center, a civilian child abuse treatment agency and an out-patient alcohol education-treatment program.

Family Concern Within the Marine Corps.—The Marine Corps has always considered the Corps, itself, as one big family, with the spouses and children of Marines as part of that family. Attention has been more sharply focused on the individual family in recent years, with the development of programs specifically designed to support and enrich family life.

In September, 1979, the Commandant of the Marine Corps [CMC], in a letter to all General Officers, Commanding Officers and Officers-In-Charge, directed them to develop policies and programs, and to apply the necessary resources to address the physical, moral and spiritual needs of Marine families.

The importance of the family, as an entity and as an integral part of the Corps, was given additional emphasis by the creation of Family Service Centers during 1980. At the direction of CMC, Centers were opened at seventeen major installations throughout the Marine Corps. The mission of these centers was, and still is, to support Commanders by providing information, guidance and assistance to Marine families, and to coordinate all existing military support resources and those social service programs available at the Federal, state and local level. The functions of the Camp Pendleton Family Service Center are discussed under the Existing Programs portion of this testimony.

Marine Corps Family Advocacy Program.—The policies and guidance for administering this program, throughout the Corps, recognize the part played by the U.S. Navy's Medical Command. Because many cases of physical abuse are surfaced in hospital emergency rooms, the Naval Medical Facilities supporting Marine Corps installations obviously have an important role in the Marine Corps program. The Marine Corps Program encompasses the prevention, identification, assessment, jurisdiction, rehabilitation and discipline elements of both child and spouse abuse.

Camp Pendleton; the Base and Environment.—The Base is located roughly midway between Los Angeles and San Diego; the closest two metropolitan areas. The cities of Oceanside (population approximately 75,000) and San Clemente (population approximately 22,000) border the Base to the south and north, respectively. One of the largest bases in the Corps, in terms of area and population, Camp Pendleton could be compared to a county, or parish, with several widespread communities therein. Within its boundaries work and/or live some 28,000 active duty military members. Over 16,000 dependents live in government quarters, and approximately 3,500 civilians are employed by the base. Of the active duty military, over 11,000 are married. Public housing (government provided quarters) can accommodate just over 3,800 of the married service members. For those owning mobile homes, 149 spaces are provided in a base-operated mobile home park. Those with families in the area, but not fortunate enough to live on the base, reside in one of the higher cost-of-living areas of the country.

Camp Pendleton; the Military Family.—While the Corps remains primarily a service composed of single members, approximately 39% of Camp Pendleton Marines are married, and the number continues to rise. In the higher enlisted ranks, the married percentage at Pendleton stands at approximately 8%. No doubt, the state of the national economy during recent years has lured many to voluntary military service, with its guaranteed income, medical and other benefits.

The Marine family at Camp Pendleton represents a cross section of the nation's society. Yet, there are differences which are significant to the incidence of family violence. Of the roughly 11,000 married personnel at Pendleton, a sizeable number are parents, with an increasing proportion of those being single parents. In 1981 the Defense Manpower Data Center cited figures indicating that, in the Navy and Marine Corps, two-thirds of all single parents were male. Yet, considering the proportion of males to females in the military, females are still more likely to be single parents. It is important, in light of the reenlistment restrictions applied to single

parents, to note that single parenthood is usually a temporary state, ultimately resolved by marriage, remarriage or voluntary separation from the military. However, while they are on active duty, single parents remain a population at significant risk.

Military family life isn't easy. Families routinely function with regular . . . sometimes frequent . . . separations, both long and short term. Entire units are rotated to the Western Pacific for six-month deployments. Other units and individuals spend considerable time deployed on field operations or training evolutions at locations geographically removed from Camp Pendleton. These stateside training commitments separate Marines from their families for anywhere from three to ninety days at a time. Likewise, the inherent nature of military life . . . being on-call 24 hours per day, working in a high-risk environment (in many cases) and the constant awareness that the breadwinner's life could be placed on the line at any moment . . . is commonplace to military families. Few civilian families are expected to function under similar conditions.

Issues of cost.—Factors such as inconsistency, unpredictability, and powerlessness have traditionally been identified as elements contributing to personal and family dysfunction and are part and parcel of the military experience. Any one of these would put stress on the family, much less on those families with preexisting problems. Given these conditions, it is a tribute to the military family that the rates of abuse recorded in the military are not significantly higher but remain on a par with civilian peers (1980 U.S. Department of Health and Human Services Report on Child Abuse and Neglect Among the Military).

As the number of military families continues to grow, it becomes increasingly clear that if the Marine Corps is to remain cost effective in terms of attracting the careerist, attention needs to be paid to those persons who most directly impact the reenlistment decision—the family members.

The primary mission of the armed forces is to protect the peoples and interests of the United States both here and abroad. The military traditionally responds with immediacy to those social problems that clearly and directly threaten military effectiveness. The Department of Defense 1980 Appropriations Bill states that "Our national security may depend in large measure upon the fitness and emotional well-being of our military personnel". Witness the current response to the presence of drug and alcohol abuse in the military. Yet as late as 1974, while national efforts were fairly well defined, the military response to family abuse was virtually nonexistent. It is just within the past three years that family violence has received attention and direct, mandated, funding by Congress. Individual issues, such as child sexual assault, are just beginning to be addressed.

The key to the vault of military monies for social concerns is directly connected to our ability to demonstrate the cost effectiveness and mission enhancement factors in proposed programs.

Picture, if you will: Jimmy Dynamic, an 18 year old who decides to join the Marine Corps: Armed with his high school diploma and a desire to become one of "The Few, The Proud", he arrives at one of the two Marine Corps Recruit Depots to begin his training. Twelve weeks later, with about $14,000 worth of training behind him, he moves on to his first duty assignment. Throughout his career, whether he is an Infantryman or an Electronic Technician, his training is continuous. Developing and maintaining a combat ready Marine—or soldier, sailor or airman, for that matter—is expensive. I am told it wouldn't be unusual for the government to have invested up to $98,000 in the training of a technician, over a four-year enlistment. By the time Jimmy advances to the Non-Commissioned Officer ranks, has married and begun to raise children, he could be earning in excess of $20,000.00 annually, counting his family allowances. Any way you look at it, Jimmy has become an expensive asset.

After years of spouse abuse, Mrs. Dynamic shoots and kills Sergeant Dynamic.

What then are the costs if: (Based on documented cases of military family violence).

> Since Mom went to work nights, 14 year old Donna Dynamic had become a pseudo-wife and reports she has been molested by her father.
>
> While caring alone for a colicky infant, Sergeant Dynamic loses control and smothers the child—he is sentenced to 7 years in prison.
>
> During a domestic argument Sergeant and Mrs. Dynamic lock their child in the car while they argue inside the home. It is a hot summer night; the child suffocates.

To protect their investment, the Marine Corps has established programs, such as the Family Service Center, to assist the Marine family in maintaining a healthy state of well-being and to specifically address those areas of family dysfunction that have been identified as treatable. An educated and informed Marine Corps can hopefully reach families such as these with prevention programs to intervene in

high risk situations with appropriate services, and to offer support and information to keep healthy families healthy.

Existing Programs.—As previously stated, Family Service Centers were established during 1980. The Camp Pendleton Center opened during December of that year. The assistance and expertise available at our Center offers a multi-disciplinary multi-dimensional attack on family problems. A staff of eight civilians and four Marines serve a military community of over 38,000 active duty members and dependents. Additionally, there are approximately 5,000 retired Marines residing in the immediate area who are eligible for our services. These services range from providing general information and referrals to other agencies/resources, to working with family violence. During the period April through September over 7,000 contacts have been made with individuals, families, local commands and other support agencies, both on base and in the surrounding communities. The services provided by our Center include:

General Information and Referral.—Budget Counseling; Emergency Food/Shelter Referral; Family Orientation; Financial Problem Solving; Hospitality Kits; ID Card Assistance; Relocation Information; Welcome Aboard Packets.

Personal Affairs.—DEERS Program; Survivor Benefits Assistance; Notary Public; Retirement Briefings; Voter Registeration.

Deployment Program.—Serves units deployed for six months; Families of men on one year unaccompanied tour.

Provides.—Daily contact with Okinawa; Family message video-taping; Individual casework; Wives' Support Groups; Newsletters; Pre-deployment briefings; Reunion briefings.

Family Advocacy Program: Child abuse.—Crisis intervention; Education presentations; Incest Diversion Program; Parent Education/Support Group; Parents United; Short term counseling.

Spouse abuse.—Crisis intervention; Education presentations; Men's Support Group; Rape counseling; Short term counseling; Women's Support Group.

Our Family Service Center works closely with community based agencies, both public and private, to provide comprehensive service delivery to the military families attached to Camp Pendleton. These service are further enhanced by a strong on-base social service system that includes: The Chaplain Corps, the Family Protection Unit of the Provost Marshal's Office, Navy Relief, the Red Cross, the Armed Services YMCA and the base day care system.

Additionally, the Naval Hospital, Camp Pendleton, offers a complaint of services through their medical departments and the Navy Family Advocacy Program, which is specifically tasked to provide primary management of child and spouse abuse treatment, evaluation and medical support. As such, the Naval Hospital is responsible for identification and reporting of child abuse. We work closely with their program to provide supplementary and complimentary program services to assure consistency in program delivery and supervision toward restoring dysfunctional families to health.

A new Family Service Center facility is scheduled to become available during Fiscal Year 1985. The new quarters should be large enough to handle an increase in staffing, which I feel is sorely needed. In my view, neither our present staffing level, nor our existing facilities are large enough to fully meet the needs of the population we serve. Despite the size limitations, our Center has, during the past year, initiated the following new programs:

A Family Violence Preventive Education Program, tailored for military organization presentation.

An emergency response Crisis Intervention Team, in conjunction with the military police, to defuse domestic disputes.

A Pre-trial Diversion Program for sexual abusers of children, in conjunction with the Staff Judge Advocate.

Areas of Concern.—The decrease in funding at the Federal, state and county levels for social services to children and families results in a wide range of service gaps. The military families share a representative portion of the caseload of public agencies that have been affected by fiscal cuts in 1982: (Figures cited by the San Diego County Department of Social Services) 42,000 Child abuse cases reported in San Diego County; 20,600 Child abuse cases investigated and found to be "True Findings"; 4,800 Continuing cases of children handled on a monthly basis by the Department of Social Services; 187 approximate number of full time social workers in San Diego County (Recent state funding has provided for additional modest increases in staffing for children services)

The on-base agencies working with children and families can fill only a small portion of the gap left in the civilian governmental sector, and hence rely strongly on local community programs to work with military families experiencing dysfunction.

The areas that repeatedly come to my attention as of highest priority for program funding to meet the immediate needs of families are:

Housing.—While Camp Pendleton is constantly renovating quarters, there remains a severe shortage of government quarters available.

All units for E-1 through E-3 are designated "Inadequate".

The wait for government quarters can range from 30 days to 24 months depending on the rank of the sponsor and the space required.

With 39% of the permanent base population married, the 3,172 adequate available units fall critically short of the need.

Camp Pendleton is located in a high cost civilian community with the average rent for a two bedroom apartment at between $450.00 and $500.00 per month which often require first and last months rent and a hefty security deposit prior to occupancy.

The need for adequate housing is primary, especially for those families whose sponsors are deployed for 6 months and who rely on the military community for support and assistance.

Childcare.—Under the auspices of the Officers Wives Club, Camp Pendleton provides a diverse childcare system for both full and part-time day care, from infancy to school age. Unfortunately, even with this fine developmentally-based system, there are significant gaps in child care services:

No free or sliding cost scale care for families at, or below the poverty line.

No on-site care available in government quarters, to serve families of the lower three pay grades. These families are the youngest, least paid, least likely to have transportation and the most "at risk" for abuse and neglect.

No on-base respite care program for families identified as at-risk or abusing. Off-base facilities, in the immediate surrounding communities, have only 31 spaces available, with over half of these currently filled by military dependents.

No 24-hour care for children of working parents, deployed single parents or families in crisis. Existing community agencies have only 3 voluntary spaces.

Needless to say, without the above services we fall far short of meeting the needs of the children at highest risk for abuse, much less of our goals to support families who are attempting to maintain a balance in functioning.

Emergency Shelter.—The need for emergency housing is critical for military families, and one that neither on-base nor community agencies have filled. Unlike the stereotyped transient population of unemployed single individuals, drawn to Southern California by the climate, military families represent a specialized homeless population:

Families arriving, unexpectedly, while the sponsor (who must personally apply for government housing) is overseas, or training away from the base.

Families evicted from quarters because of repeated infractions of regulations. (This occurs only infrequently, and only after ample warning has been given.)

Families in a period of dysfunction or transition.

Runaways.

On-base agencies, such as the Family Service Center and the Chaplains Corps, can make only limited shelter arrangements, and must rely on community resources for most emergency housing. Community resources are also limited:

Child Abuse Shelter has but 29 beds (12 children and 9 teens).

Spouse Abuse Shelter has 17 beds (for women and children).

Nearest FAMILY shelter is 40 miles away, in San Diego.

Additional child and spouse abuse shelters are, likewise, in San Diego.

Shelters so far away from the base offer a roof, but little opportunity for long-term solutions. It is not unheard of to find families living in cars, or with successful friends, until housing is obtained. For example, last year a young mother and her six children were reduced to living out of their automobile after being evicted by relatives with whom they were living while the father was overseas. Widespread local media coverage of their plight neglected to mention that numerous military service agencies had cooperated to provide assistance, even as the story was published. The combined efforts of our Family Service Center, Navy Relief Society, American Red Cross and sympathetic community residents ultimately resulted in a happy ending to this story, but only after some complex and highly coordinated cooperation, including the return of the Marine from overseas. In this case the full assets of the community were quick to respond, and special attention was given because of the publicity involved. Other, less publicized cases are often lost "in the system."

Single Parents.—As the national rate of single-parent households grows, so does the number of single parents at Camp Pendleton. With approximately 18 thousand Marines assigned to organizations that are frequently in the field and periodically rotate overseas for a six-month tour of duty, the single parents have nowhere to turn for comprehensive services for coordinating childcare placement or other support services. Neither the base nor the surrounding community agencies offer such services.

Without the strong sense of "taking care of our own" that exists within each individual command, these single-parent families would be lost. Currently, the most significant source of support for these families is from members of the Marine unit; those men, and their families, that collectively reach out and fill in for the absent Marine.

Time and again I become aware of young male Marines with infants or young children whose wives have left them. Suddenly, they find themselves in immediate need of child care services and crash courses in child rearing. These men are often career-minded Marines who are willing to care for the children themselves, rather than place the children with relatives or foster care, while they complete their current enlistment and consider their future career plans. Without the availability of flexible, consistent high quality child care services, many of these Marines must leave the Corps prematurely. In such cases, the individual loses many accrued benefits, and the Corps loses a trained Marine.

Emergency Assistance.—The need for emergency food and financial assistance is reflective of problems generated within the individual family, and from the military system itself:

Personal management of funds (only 12% of Pendleton married Marines participate in Direct Deposit program).

Last-minute arrangement for allotments or reliance on overseas mail often result in families of deployed Marines requiring financial assistance for rent, food or bills.

A change of address can delay receipt of allotment check if forwarding address is not provided prior to departure from last location.

Budget counseling offers long range solutions, but does not meet immediate need for food or funds.

While it is Utopian to hope for complete elimination of financial hardship among families of either the military or the civilian sector, the Marine Corps is making an effort to reduce the circumstances which give rise to money problems. The automated pay system is constantly being refined, as system-induced or human-induced errors are discovered. Ultimately, an on-line, real-time update capability will allow instantaneous correction of discrepancies. Meanwhile, system-related problems get immediate, personal Command attention at all levels. Concurrently, quasi-military agencies such as the Navy Relief Society stand ready to provide emergency financial assistance. Far more numerous, however, are the hardships created by personal mismanagement of funds, or simple lack of planning. To combat this aspect of the problem, The approach at Camp Pendleton reflects a Corps-wide awareness of the importance of preventive education.

Maximum use of all available resources is made to provide families, individuals or groups with expert instruction in the areas of budgeting, consumer rights and responsibilities, credit purchases, etc. For those already in extremis, financially one-on-one counseling and debt consolidation/liquification assistance is available through many community non-profit organizations. In the master Marine Corps training directive, financial management is listed right along with combat oriented subjects, as annual requirements.

Of particular concern are those families in the throes of a divorce or separation. Often the wife will find herself with dependent children to provide for, with little or no financial support voluntarily provided by the husband. In many such cases, reliance on the civilian courts to produce funds for support seems almost magical. The Marine Corps recognizes the obligation of each Marine to provide adequate support for his/her legal dependents, and counseling to this effect is given by Commanders whenever allegations of non-support are made. Guidelines of "adequate" support are provided for cases absent a court-mandated amount. Whenever there is no decree, or order issued by a court of competent jurisdiction, the penalty for failure to provide financial support, under military law, includes the possibility of a forfeiture of pay and/or dismissal from the service. Either way the very "hand that feeds" is bitten. When the support amount is dictated by court order, an involuntary allotment for dependant support may be registered against the member's pay. Although not unique to the military, the impact of non-support is usually more acute to a military wife because she is more apt to be far from home and other extended family mem-

bers. When the wife is from a foreign country, the impact is even more emotionally traumatic.

Medical Benefits.—Excellent community programs are available locally for children and youth experiencing psychiatric problems or disturbances. However, coverage limitations under the Civilian Health and Medical Program for Uniformed Services (CHAMPUS) severely restrict the provision of adequate intervention and resolutions.

Currently, acute psychiatric hospitalization for children and adolescents is limited to a maximum of 60 days, the same as with adult inpatient care. Yet child and adolescent treatment plans are considerably different from adult plans, and can require a 3 to 5 month hospitalization, to ensure a solid return to the home. Without the availability of extended care, children are either prematurely returned home, with subsequent hospitalization becoming necessary, or are transitionally placed in a residential setting. Each of these solutions impact CHAMPUS resources for an even longer period of time, resulting in a higher ultimate cost. Parents who elect to bear the cost of recommended additional hospital stays face a prohibitive cost (up to $325.00 per day at local rates). Supplementary services such as day-treatment care for children and youths are not covered at all by CHAMPUS, and thus eliminate a cost effective means for providing psychiatric services for most military families.

Conclusions.—The preceeding reflects some of the specific problems affecting the military families at camp Pendleton with whom I have worked these past 15 months. It is my hope that as you gather data from around the nation, the information provided herein will assist you in identifying those areas where gaps exist between the social services available to the military and those available to the civilian sector.

As we, as a nation, seek to make the world safe for democracy, we cannot neglect nor overlook the continuing needs of the children, youth and families of those who have been tasked with protecting our country. Mission readiness begins, within the military community, with the readiness to protect the health and well being of its members. Societal abuse of children for whatever reason or cause is intolerable—particularly if poor national policies or misplaced priorities are causitive factors. Certainly, as we see the Marine Corps once again serving in a global hot shop, we cannot forget the families left behind and entrusted to our care.

It has been my privilege to share with your distinguished committee my thoughts and reflections on the needs of Camp Pendleton families. I look forward to your efforts, through your various committees, in drafting policies, legislation and funding that improve conditions for the military family, thus enhancing the defense of the nation.

City of Oceanside Victim Aid Program

Community education and awareness programs

"Speak Up & Say No!"—Kindergarten—Third Grade:

This program is specifically designed to teach young children (ages 5-8) the difference between "okay" and "not okay" touches and when and how to say "NO!" The program begins with a six minute cartoon filmstrip featuring the delightful character, Penelope Peabody Mouse, who in a positive, nuturing way teaches children not only to beware of strangers, but to recognize and avoid sexual abuse from trusted friends, relatives and acquaintences.

Following the cartoon the presenter thoroughly explains the meanings of appropriate and inappropriate touches and teaches children that their best defense against sexual abuse is: a sense of his/her own power as a person (how to say "no!"); and resources available for support and protection.

This information is presented to young children because there is a 1 in 4 chance that a little girl will be a victim of sexual abuse before she becomes 18; there is a 1 in 8 chance that a little boy will be a victim of sexual abuse before he becomes 18. A high percentage of this sexual abuse comes from people the child knows. Too many children will comply with inappropriate requests because they are uninformed, or because they are unlucky to be in the presence of an adult who takes advantage of the child's innocence, needs, or fears.

Presentation length—30-35 minutes.

Project S.T.O.P.—Fourth-Fifth-Sixth Grades:

Project S.T.O.P. stands for Student Training on Prevention and is targeted towards nine, ten, and eleven year olds. Project S.T.O.P. offers three separate timely components that teach children about respect and vandalism, child abuse, and drug abuse.

Project S.T.O.P. is conducted by junior high school students trained and supervised by the Victim Aid Program staff. These junior high school presenters perform lectures, show films, ask questions, and perform skits concerned with vandalism, respect, child abuse and drug abuse.

Presentation length—1 hour/day for 5 days. Child abuse is a 2-day program; drug abuse is a 2-day program; respect and vandalism is a 1-day program.

Project C.A.A.P.—Seventh-Eight-Ninth Grades:

Project C.A.A.P. stands for Child Abuse Awareness Program and is directed at teaching youngsters (ages 12–14) an awareness concerning child physical and sexual abuse.

The presenter shows films and slides that deal with physical and sexual abuse, answers questions, and provides information about how junior high school students can protect themselves, and what to do if they should become a victim of physical or sexual abuse.

Presentation length—45 to 60 min/day for 2 days. Day 1 presentation focuses on physical abuse and neglect; Day 2 presentation focuses on sexual abuse (incest and molestation).

Families in Trouble Program—Tenth-Eleventh-Twelfth Grades:

This program is designed to teach young men and women, ages 15–18, an awareness of the family violence cycle that includes assault between parents and child abuse.

The presenter shows films and slides, answers questions, and provides information concerning community support systems. The presenter also focuses on options available to young men and women should they be living in a violent atmosphere or should they fall victim to a violent assault.

Presentation length—45–60 min/day for 2 days. Day 1 explores the family violence incident. Day 2 focuses on the family violence cycle.

The Victim Aid Program also offers programs for college level students and for the adult community dealing with such subjects as: child abuse prevention, rape prevention, domestic violence and community resources.

FILM AND SLIDE SYNOPSIS

Speak Up & Say "No!"—K–3:

Speak Up & Say "No!" is a 6 minute cartoon filmstrip featuring Penelope Peabody Mouse who tells young children about appropriate and inappropriate "touches". She also tells children how and when to say "NO!" and who to tell should they be inappropriately touched.

Project S.T.O.P.—4th–6th:

Vandalism: Why: This film shows many incidents of vandalism (breaking windows, graffiti, destruction of public property). The film discusses the cost of vandalism and how such monies could be better spent by parents and the community. It also focuses on the dynamics of why children vandalize. Approx. 15 minutes.

Clubhouse: This film shows a group of young boys and their pride at having built a clubhouse. Later these same boys vandalize a neighborhood school. When they return to their own clubhouse they find it destroyed by rivals. The message the film conveys is that vandalism destroys more than property; it injures one's sense of pride and accomplishment. 10 minutes.

Who Do You Tell?: This film combines the magic of animation with live footage of real kids to explain the family and community support systems available to help young children solve problems. Situations include being lost, having your house catch fire, finding your best friend being beaten by her parents, and being sexually abused. It is done in a non-threatening, meaningful and easy to understand manner. 12 minutes.

Better Safe Than Sorry: This film presents various situations in which children encounter strangers under potentially dangerous circumstances. The film asks the children, "What would you do?" and then provides the proper instruction for self protection. The film alerts children to possible dangerous situations in a non-fearful way. 14½ minutes.

Child Molestation: When to Say "No!": Without sensation or scare tactics, this straightforward film tells the truth in a way the child can understand and gives young viewers the confidence they need should they ever be approached. Typical encounters young people might experience are: being approached at a playground; being invited into a neighbor's home alone; being approached by a relative; being approached by a stranger in a public place. The children are taught when and how to say "no!", plus the importance of reporting such occurrences is emphasized. A

very effective film that provides the necessary preparation for protection. 13½ minutes.

Winning: This film encourages people of all ages to develop a positive self-image by learning to take responsibility for one's actions. The film discusses how negative behavior such as drug and substance abuse simply magnify problems and a poor self image. Approx. 20 minutes.

Project C.A.A.P.—7th-9th:

Child Abuse Slides: The slides are comprised of actual Oceanside Police Department photographs of child abuse victims. The slides show various types of inflicted injuries (hand slaps, bite marks, broken bones and burn marks) and accidental injuries. Although some of the slides may be uncomfortable to view, none of them are too graphic to cause a severely negative reaction to the viewers. Approx. 15 minutes.

Girls Beware: Awareness that the possibility of a sexual attack exists is one responsibility of growing up. This film helps girls develop that awareness by showing typical situations that could lead to danger. As importantly, it shows how to avoid a potential assault. The film emphasizes early signs to be aware of and concludes with the importance of reporting incidents to responsible adults. 12 minutes.

Boys Beware: Boys as well as girls need to know that they, too, could be a target of sexual attack. Three vingettes show approaches used by molesters of young teenage boys and point out that molesters are often people known and trusted by the victim. The non-sensational but realistic approach of the film helps boys to realize the existence of the problem, shows them common sense precautions, and emphasizes the reporting of incidents. 14½ minutes.

Families in Trouble—10th and 12th:

Spousal Assault Slides: Actual Oceanside Police Department photographs of female battery victims (by spouses, boyfriends, and acquaintances) are used in conjunction with a lecture concerning family violence and child abuse.

Victims: This film utilizes actual victims and perpetrators of violent crime to illustrate the long term effects of violence within the family. Christina Crawford, actress and author, and daughter of the late film queen, Joan Crawford, narrates this unrehearsed film on child abuse and family violence. The correlation between child abuse and violent criminals is dramatically illustrated by a video visit to the California State Prison in Chino. Options and choices for both victims and families are offered. Many types of community resources are also explored. 24 minutes.

College Level—Adult Community—Ages 18 and over:

The Victim Aid Program also offers programs for college level students and the adult community on a variety of subjects. Programs are offered on rape prevention, domestic violence, child abuse awareness, and community resources.

The following films and slides are frequently used in our adult presentations:

Deck and Halls: Al, an aspiring business executive with the "perfect" family batters his wife following a Christmas party. This film reveals the tensions underlying Al's outburst and shows the destructive effect it has on the family. We learn that Al often got a "good whipping" as a youngster. This film illustrates the cycle of violence and to identify how it works. This is an excellent introductory film to open up discussions on family violence and child abuse. 10½ minutes.

Child Abuse Lecture & Slides: The Victim Aid Program offers adults and college level students a highly informative lecture on the causes & effects of child abuse. Following an introductory lecture, the Victim Aid Program presenter shows actual OPD slides of the various types of child abuse and neglect.

Rape: A Preventive Inquiry: This film utilizes four victims of sexual assault to illustrate how devastating a sexual attack can be. All of the victims offer suggestions on how to avoid becoming a rape statistic. The film also includes interviews with convicted and incarcerated sex offenders who explain their motivations and how they selected their victims. Awareness is the key element in prevention of any violent crime, and this film reinforces its importance.

Spousal Assault Slides: Actual OPD photographs of spousal abuse victims are used in conjunction with a lecture on spousal assault and family violence. The phases of spousal assault, personality characteristics of the batterer and victim are also explored in this informative lecture.

Hand-out material and information pamphlets are distributed at the end of all programs.

The California Birth Defects Monitoring Program

(By Judith K. Grether, Ph.D, John A. Harris, M.D. MPH)

This year approximately one in twenty children will be born with a serious congenital anomaly.[1] [2] Enormous personal and financial resources will be spent taking care of children with birth defects. Months and years of questioning will lie ahead both for parents and their physicians—Did I do anything which caused this to happen? Could I have done anything to prevent this?

The etiology of most birth defects is unknown.[3] [4] Currently, in the State of California there is no accurate or complete data on congenital malformation incidence, and the distribution of birth defects by race, by socioeconomic status, by residene or age of the mother is uncertain. Needless to say, there is no population-based data that allows for detection of birth defects clusters or for hypothesis testing about potential teratogenic agents such as medications, infections, personal habits, chemicals, or nutritional factors.

The State Department of Health Services is making an ongoing, long-term commitment toward prevention of birth defects through creation of the California Birth Defects Monitoring Program [CBDMP]. This program is establishing an ongoing birth defects registry in five counties in the San Francisco Bay Area (Alameda, Contra Costa, San Francisco, San Mateo and Santa Clara) and assists in investigations of clusters of birth defects that are identified anywhere in the state. The California Program is the largest and most comprehensive in the country, monitoring outcomes of over 65,000 births per year. In future years, the department has the option of extending the registry to other California counties.

Although based in California, the CBDMP is designed to have an impact far beyond the borders of this one state. With a birth defects registry in place, questions about the teratogenic effects of prenatal exposures to a wide range of environmental agents can be directly addressed. The lack of a data base sufficient to address such concerns became dramatically apparent in California during spraying of Malathion to control the Medfly. During the spraying, the Department of Health Services received hundreds of inquiries about the potential reproductive health effects. Although animal evidence indicated that malathion in the doses used was probably safe for humans, there were no adequate human data to provide the definite assurance we all wanted. The CBDMP will enable such questions to be answered as they arise by comparing birth defects incidence rates in exposed areas to non-exposed areas, by noting if a dose-response relationship exists, and by comparing incidence rates before and after a particular environmental exposure.

In addition, the CBDMP has been designed to provide a rich resource for special scientific investigations of suspected environmental and nonenvironmental causes of birth defects. Staff of the CBDMP will be working closely with scientists to use the data base to investigate hypothesized teratogens such as specific drugs, prenatal infections, nutritional factors, and chemicals in the workplace and environment. The long term goal of the program is to identify teratogenic agents and to ease fears about substances which do not cause birth defects.

In addition to serving as an invaluable resource for research on teratogenic agents, the CBDMP will provide data useful for planning appropriate medical services for children with birth defects in the Bay Area counties.

The CBDMP registry will include all structural, non-metabolic congential anomalies encompassed by ICD-9-CM codes 740.0–759.9 that are diagnosed in the first year of life for most conditions and in the first five years of life for conditions like congenital blindness, and cerebral palsy and mental retardation. Data collection began for births occurring on or after January 1, 1983.

To collect the data, CBDMP staff will visit sixty-five hospitals, five county health departments, five California Children Services offices, three Regional Centers for the Developmentally Disabled, and eight inpatient and outpatient genetic centers throughout the Bay Area in order to identify children with serious birth defects and to collect diagnostic and demographic information of these children. The data will be computerized and incidence rates will be calculated.

The diagnostic and demographic information that is routinely collected will enable CBDMP staff to conduct correlative epidemiologic analyses of suspected clus-

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[1] Heinonen OP, Slone D, Shapiro S: Birth defects and drugs in pregnancy. PSG Publishing Company, 1977

[2] The Collaborative Prenatal Study of the National Institute of Neurological Diseases and Stroke: The Women and Their Pregnancies. U.S. Department of HEW, Washington, 1972

[3] Kalter H, Warkany J: Congenital malformations. New Eng J of Medicine, 1983, 308:424

[4] Kalter H, Warkany J: Congenital malformations. New Eng J of Medicine, 1983, 308:491

ters of birth defects and to generate hypotheses about specific exposures. Case control studies will then be selectively implemented to test those specific hypotheses which offer the most promise of answering questions about teratogenic agents. Review of mothers' prenatal records and interviews with parents will be used to obtain systematic information about exposures when case control studies are conducted.

In collecting these data the Department has followed the model established by the Centers for Disease Control (CDC).[5] Rather than imposing a reporting requirement on hospitals and physicians, highly trained health department staff will systematically abstract information from medical records on to a standardized form. In an area such as Northern California with a highly specialized pediatric referral system, this method of data collection has been demonstrated to provide highly complete and accurate information at relatively low cost to the public.

In the United States, only the CDC collects comparable information on the incidence of birth defects diagnosed in the first year of life; however, this comprehensive data collection system is operative in the Metropolitan Atlanta Area alone [5] and covers a considerably smaller population base then is true for the California program.

Currently, the only information about birth defects incidence in California comes from the birth certificate and the newborn hospital discharge abstracts. Unfortunately, these sources are both grossly inaccurate and incomplete: Inaccurate because untrained personnel are frequently responsible for filling out forms and incomplete because many defects are not recognizable at birth.

The statutory authority for the Birth Defects Monitoring Program comes as a result of a legislative initiative by Senator Diane Watson, Chairperson of the State Senate Health and Welfare Committee. Senator Watson's bill (now Chapter 204, Division 95, Sections 10800–10805 of the California Health and Safety Code) passed with broad bipartisan support in May 1982 and allows the Department of Health Services access to the hospital medical records of children with birth defects and women with stillbirths or miscarriages. The bill stipulates that all personal identifying information be kept strictly confidential.

Physicians in California play a crucial role in the Birth Defects Monitoring Program. Diagnoses to be included in the registry will be abstracted from charts. Thus it is extremely important that physicians be as precise as possible in identifying children with congenital malformations and recording full diagnostic information in the medical record. Additionally, California physicians who suspect that a cluster of birth defects is occuring are urged to contact CBDMP staff. Most teratogenic agents like rubella, thalidomide, and methyl mercury [6] have identified because an alert clinician identified the problem and brought it to the attention of others.

California Birth Defect Monitoring Program

The California Department of Health Services has recently begun a new program which offers potential for important research on a wide range of birth defects that cause death and disability in infants. This program, called the California Birth Defects Monitoring Program [CRDMP], was created through state legislation passed last year [SB834]. Sponsored by Senator Diane Watson from Los Angeles, the legislation received broad support from both Republicans and Democrats and from a host of community and medical groups concerned about child health.

Approximately 500 different conditions are being monitored by the program, including disabilities due to irregularities in development of internal and external organs and limbs, chromosomal anomalies, cerebral palsy, and mental retardation. The primary goals of the program are to provide information on the incidence of these conditions and to monitor for "Clusters" or unusual occurrences that might be associated with exposure to some environmental chemical or other toxic substance. The program also provides a resource for research into causes of these conditions so that strategies for prevention can be developed.

The CBDMP covers five counties in the San Francisco Bay Area (Alameda, Contra Costa, San Francisco, San Mateo, and Santa Clara). These counties have a total of approximately 67,000 births annually, with an expected number of 3,000–5,000 children with birth defects. Information is being collected on children born on or after

[5] Edmonds LD, Layde PM, James LM, et al: Congenital malformation surveillance: Two American systems. Int J Epidemiol, 1981, 10:247–252.

[6] Miller RW: How environmental effects on child health are recognized. Pediatrics, 1974 May; 53:792–796.

January 1, 1983 and whose mothers were residents of one of these five counties at the time of birth.

Staff of the CBDMP are visiting all hospitals, genetics centers, Regional Centers for the Developmentally Disabled and California Children Services [CCS] programs which serve children in the five counties. Through review of medical records at these facilities, information on children with the covered conditions will be abstracted. Some private agencies in the five counties are also cooperating to provide information on those children who will not be found through the other sources.

The information will be entered into a confidential computer file at the California Department of Health Services. CBCMP staff will use the data to generate statistical information; information that might identify an individual will not be divulged. Strict control procedures have been developed to make sure that all information is kept strictly confidental; only statistical summaries will be released.

In addition to monitoring birth defects in the five counties, the program offers birth defects consultation to all California counties. Program staff are currently assisting in several cluster investigations throughout California.

The causes of most birth defects are not known. However, many chemicals are suspected of causing birth defects. Some of these are drugs; others occur naturally in the environment; others are found in industrial or agricultural production or in household use. Some scientists believe that more than one-third of all birth defects may be caused by such chemicals.

The CBDMP is one of about 20 birth defects monitoring programs in the world. The only similar program in the United States is in Atlanta, Georgia. These programs have identified several important causes of birth defects and have eased fears about other suspected causes. The CBDMP, as one of the largest, will be an important contributor to these worldwide efforts while providing a valuable resource for the citizens of California.

For more information, contact:

California Birth Defects Monitoring Program, 2151 Berkeley Way, Rm. 515, Berkeley, CA 94704, (415) 540-3164.

FAMILY CRISIS CENTER,
Costa Mesa, Calif., December 2, 1983.

To: The Select Committee on Children, Youth and Families For the Record of the Dec. 7, 1983 Hearing in Santa, Ana CA.
From: Bruce Hazen, Marriage Family and Child Therapist, Director of the YMCA Family Crisis Center, Costa Mesa, CA.
Re: Unexpectedly reconstituted Family: A Shift in Contemporary Family Life.

INTRODUCTION

Trends in values, economics, real estate and jobs have caused families to recombine, sometimes without sufficient mental, emotional or financial planning and anticipation. Many of us have grown with expectations of the abundant 60's and 70's. We expected economic prosperity, expansion and subsequent individual autonomy and independence.

But now kids aren't finding the jobs in the community. Affordable rentals aren't as available. Elderly parents and relatives are looking to their families to help where social security or retirement benefits have disappointed them. And they're moving back home. . .

A. The Phenomenon: Definition and Data

The phenomenon being described is the "unexpectedly reconstituted family"; adults living with late adolescent age children who have not left home by the time expected (by parent or child) or adults living with adult children who have returned home unexpectedly

The unexpectedly reconstituted family [URF] when it occurs, may be a blessing for those involved or it may be a mental pressure cooker. The key is how the experience is handled by family members and the society.

The point is, families experience stress when they break apart and become single-parent families and they also can experience stress if they never break apart or if they recombine unexpectedly.

The U.R.F. phenomenon is on the increase in the Orange County area served by the Family Crisis Center. And there is reason to believe that the incidence is increasing in other communities across the county. The following statisitics demonstrate what has been happening in Orange County: 1970—14% of households had

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young adult children living at home; 1980—30% of all households had young adult children living at home.

While the incidence of the U.R.F. doubled during that time there was very little (2%) growth in the size of the adolescent age population to feed this trend.

It appears that young people are not fully mancipating or are retreating from the community they grew up in, to regroup on the homefront.

B. Causes

The causes of this phenomenon are both psycho-social and economic. They are interconnected.

Psycho-Social

1. Youth are experiencing a period of rather shaky new family development and transformation in our culture. Nobody knows the new rules.

2. There are indications that skills for decision making, developing independence, responsibility and ethical thinking are taking longer to impart to youth or are simply not being transmitted in families as they once were.

The face-to-face time necessary, between parent and child, to impart maturity and skills is simply not being allocated in many families. And T.V. is our pathetic next choice.

3. Parents and kids have a lot of ambivalence and mixed signals about being together. Young adults want the status or independence but naturally are anxious about the competitive, technical and unpredicatable outside world. Parents give mixed messages such as "I'm sorry for the scary and sad state of the world . . . I'll shelter you.', vs. "I'd like to have some privacy and a break from parenting . . . why don't you move out."

4. We have a deficit of success models of parenting and family living skills. We need time and consistency in the way we deliver any good models. Our "media addiction" has culturally brought us to the "Age of Immediacy". Our expectation about how problems are resolved has become inappropriately impatient and has given many people an immature short attention span.

Economics

1. Jobs have become very scarce at various times over the last 10 years. Many have lost previously secure jobs and others have had great difficulty securing their first entry level job. Result: youth don't leave home.

2. Economic security for the elderly is crumbling with the demise of the social security system and the seemingly inescapable cost of living spiral. Result: they take in relatives to share costs or they go to live with relatives for support.

3. Cost of housing and even apartment rentals have escalated beyond reach of more Americans than ever before. Result: the traditional exodus from the home to independent living is delayed or a return to the original home is brought on by default on house payments.

4. Education costs are up and scholarship funds are tight. Result: Education has given way to military service as "a next step" to life outside the family.

5. Single parents are economically strapped and often unable to find adequate child care. Result: they return home for financial support and for need of responsible adults to watch their children while they work.

So, the "pioneer family" or the extended family model reemerges as a viable adaptation for Anglo, middle and upper middle-class families. For other ethnic groups the reconstituted family model never went away: so they view reconstitution as a more typical family event.

For all cultures the unexpectedly reconstituted family now becomes more viable as a coping style. For some the style will reduce critical stress for certain family members. For others it will create stress by introducing new issues or reintroducing old unresolved ones unexpectedly.

Following are brief descriptions of the critical issues that virtually all unexpectedly reconstituted families have to resolve at one time or another, alone or with strategic help from education or counseling:

1. Ownership of the Problem. The reconstitution of a family is usually an attempt to solve a problem, eg. 28 year old daughter looses job and can't afford rent or children costs, and so returns home. The "owner" of the problem must take special responsibility to resolve it. Otherwise, passive dependence builds and other family members become impatient and angry to the point of violence in some cases.

2. Expectations/Dissappointments. Families tend to see it as healthy and appropriate for kids to "grow up and move away". When this doesn't happen, or is abort-

ed for some reason, expectations go unmet and feelings of resentment, anger, guilt and failure are not uncommon. Unresolved, these feelings can emotionally cripple an individual or an entire family. Counseling can often help a family "reframe" their situation, see it as a coping style and set up a timetable for moving on.

3. Roles. Parents and children may not know how to live as "equals" when adult children return home. Who raises grandchildren? Who has authority to make decisions for the whole household? A new set of rules needs to be established.

4. Privacy. Living space in most existing single-unit homes is not designed for multiple-family life. Even returning to the original family home, with plenty of space, can find psychological crowding a problem. Limited space means limited privacy. Tensions may not cool as easily if people are constantly in each others face day and night. Planning skills and time management can often help families in this bind.

5. Duration. When no one knows for sure how long a stressful situation is going to last there is no way to know how fast or slowly to use resources. Stress can seem unbearable simply because there is no end in sight. A new contract may need to be worked out establishing a term of the new living arrangement. This may help avoid the development of passive dependency on the part of some children who move back home or seem as though they'll never leave. 6. Conflicts—New and Old. Any group of people living together will have conflicts. But a reconstituted family has the unique ability to bring old, unresolved conflicts from the past to bear on a current living situation.

Unresolved conflicts may lead to stilted or avoidant communications and ultimately more conflict and misunderstanding. Early intervention is the key.

C. Conclusions: Our response

Why is this unexpectedly reconstituted family important, and what should our response be? The reconstituted family is a familiar model but as a trend in middle and upper middle class families it is new and growing in the last ten years. It represents a coping style for families or individuals that might otherwise rely on government services in time of stress if their family were not supportive.

These families are worth noting for another reason. When problems develop they are quite treatable. They already provide a "social glue" for their various members that keeps them stable in a way that outside services seldom can do without enormous expense.

The response should be two-fold: public information and commitment to prevention and early intervention services geared for families not individuals.

We need to gather information about unexpectedly reconstituted families and then broadcast what we know. Survey information may be more useful than protracted, expensive and in-depth psychological research. And we need to gather the information on what is working in families not just what is dysfunctioning. Families need models of success not statistics to tell them how rapidly they're disintegrating.

By making this information public we send out the message "you're not alone" to those families who are living in the reconstituted model. Many may feel they're "doing something wrong" and need to be reassured just the opposite is true. For those who are not coping well, there needs to be suggestions for getting help, early.

The electronic media is the one that is capturing the eyes and ears of families everywhere. This media can broadcast unrealistic, distorted fantasies, (positive or negative) about families. It can also broadcast images of reality that families can identify with and take strength from. And there are both mental health and media talents at both State and Federal levels to produce the kind of messages families need to hear.

Finally, in terms of treating the unexpectedly reconstituted family, there needs to be more family oriented treatment in government services at all levels. The insurance industry needs to broaden its perspective to include policies that cover professional counseling for families as fully as it covers treatment for individuals.

There is a deliberate, strategical move in health services programming to cut back State and county mental health services. They are cut to the point of offering "last resort" services for the severely disturbed in too many situations. The result: (1) prevention and early intervention are left to chance or the more loosely connected private non-profit sector and (2) the stress and burnout of government mental health staff who are dealing repeatedly with the most disturbed clients is significant and detrimental.

Unexpectedly reconstituted families are not necessarily in crisis or on the endangered species list. But they are potential victims of a social services system that can only recognize and respond to disasters or desperation. These families are a symbol of adaptation and successful coping.

They deserve recognition where they succeed and early assistance when needed.

CHILDREN'S HOME SOCIETY OF CALIFORNIA,
Los Angeles, Calif., November 30, 1983.

Attention: Judy Weiss.

Representative GEORGE MILLER,
Chairman, House Select Committee on Children, Youth and Families, Washington, D.C.

DEAR REPRESENTATIVE MILLER AND MEMBERS OF THE HOUSE SELECT COMMITTEE: I am Estella I. Jorge, State Director of In-Home Services, Children's Home Society of California. It is a privilege to have this opportunity to offer testimony on some of the critical issues affecting children, youth and their families today.

The Children's Home Society of California is a statewide voluntary agency founded in 1891 to provide services for children and their families. Headquartered in Los Angeles, the Society provides client and community services through its 33 offices located throughout the state. Currently, the agency provides pre-adoptive foster family care, adoption, and expectant parent services in all 58 counties of California. Child day care, in-home services, case management, respite care, and group home care services are provided in various communities throughout the state in response to local community needs. In addition, the Society conducts two community services: public education and child advocacy which address issues and conditions effecting children and families. These two services are primarily provided through CHS trained volunteers. The agency is governed by a State Board assisted by ten District Boards, and its constituency includes 16,000 volunteers who assist in the agency's work through program interpretation, public education, direct services, child advocacy, and fundraising.

Since its founding, Children's Home Society of California has been guided by its strong beliefs that all children have a right to a wholesome family environment; that every child has a right to a permanent, stable home of his/her own, and that each child's relationship with his/her parents is to be preserved, or an alternate family found to best meet the emotional, physical, and spiritual needs of each child. Since 1891, the Society has placed over 42,000 children in adoptive family homes.

The Society identifies ten major issues affecting children, youth and their families today, they are: [1] strengthening child development to assure that every child has the opportunity to grow into self-reliant, responsible, respected human beings; [2] families at risk; [3] teenage pregnancy; [4] children with special needs; [5] children raising children; [6] the welfare cycle; [7] supplemental parenting; [8] vulnerable children; [9] child abuse and neglect, and [10] strengthening family life.

The following remarks will address the trends and issues in the areas of adoption subsidy, child day care, and teenage pregnancy.

1. ADOPTION SUBSIDY

With the passage of Senate Bill 14 in California, the State now provides an adoption subsidy in compliance with P.L. 96–272. This subsidy is intended to facilitate the adoptive placement of special needs youngsters who are in or would require long-term foster care and whose adoption without a subsidy would be unlikely. This new law also requires that an interlocutory decree of adoption be granted prior to the issuance of a subsidy. It is important to keep in mind that subsidy is cost effective in comparison to what it would cost to maintain a youngster in foster care through the age of consent. However, concurrent with the enactment of this law, there has been and continues to be reductions of federal and state funding for children's services, staff reductions, position freezes, and increased caseload sizes. This has been detrimental to those youngsters identified for subsidized adoptive placement and the adoptive families.

Training of professional staff and juvenile court officials is critical in the attainment of the goal in the adoption subsidy program. Not to provide necessary training has resulted in misinterpretation of the intent of the law; poor collaboration between professional individuals and public and private organizations, and makes the program ineffective in reaching its goal.

Regarding the interlocutory decree requirement, there continues to be a lack of clearly required timeliness in which the courts must hear such petitions. This may continue to delay placements which would be contrary to the intent of the subsidy program. Additionally, there continues to be lack of uniform procedures from court to court which result in discouragement of cooperative public and private inter-

agency placements. In California the adoptive family is required to petition the court at the time of placement. This requirement may act as a disincentive for such placements especially for the family who may not have the financial means to engage legal counsel for the process. There continues to be confusion as to whether or not MediCal is an alternate resource to the subsidy program when in practice the only way to gain MediCal coverage is for the family and the child to qualify for the minimum Adoption Subsidy Grant.

The most critical issue in the subsidy program is the assurance through uniform guidelines and requirements for public and private agencies and the courts that these high risk, special needs youngsters and their families are afforded protections and services to ensure the success of the placement.

2. CHILD DAY CARE

Child rearing patterns no longer conform to the notion of the "ideal" American family arrangement where Dad works and Mom stays home taking care of the kids. There continues to be an ever growing number of two-income families and single heads of households. This means that more and more families are having to make "day care decisions". Unfortunately a shortage of licensed child care services exists for families at all income levels. In California there are some 400,000 infants and toddlers with working mothers and fewer than 20,000 licensed spaces for children. There are about 250,000 older preschoolers with approximately 175,000 licensed spaces available. Of the 1.5 million children in California, five to seventeen years of age, about 375,000 require care before and after school and during vacations. For this age group, fewer than 110,000 spaces are available. Furthermore, of the total number of spaces available in this State, 165,000 are subsidized by the State of California annually, and the remaining spaces (136,000) exist in other licensed non-subsidized facilities. Thus, regardless of the age of the youngster, there exists a critical need for more child care, especially for infants and school age children.

Children's Home Society provides the only county wide child care service in Orange County, California. There are approximately 100,000 preschool and school age children in the county in need of child care services. The county has only 33,500 available spaces. Additionally, of the 165,000 state subsidized spaces, Orange County has 1,767 of these, and Children's Home Society provides subsidized spaces for 200 children and their families. However, for each Children's Home Society's subsidized space, there are 14 children waiting for service.

The issue of the need for more subsidized child care for children and their families is critical given that families from lower income levels ($15,000 and below) cannot afford child care without financial assistance. In the absence of any type of financial assistance, our experience has demonstrated that parents are forced to postpone their work or their training; leave their children at home unattended; arrange for older siblings who are not much older than the youngest to provide the care, or make other informal arrangements.

This critical shortage of child care services including subsidized programs increases the vulnerability of the child; creates families at risk of child neglect, and negatively impacts on the developmental needs of the child.

One trend which is slowly gaining interest and may aid in the plight of working families in search of child care is employer-sponsored child care. Decrease in employee absenteeism, increase in job productivity, improvement of employee morale, and tax deductibility are some of the benefits for this option to be considered and promoted.

3. TEENAGE PREGNANCY

Early childbearing in America has reached "epidemic" levels. Each year more than 1.1 million teen girls are involved in a pregnancy. If this trend continues, four in ten of today's fourteen year old girls will have at least one birth and more than one in seven will have at least one abortion while they are still in their teens. In California, over 27% of the population is below the age of seventeen years; and one out of five babies are born to an unmarried teen. Southern California, Fresno, Kings, Kern, Los Angeles, and Riverside counties continue over the last five years to experience the highest rates of babies born to unmarried teens.

In 1980, according to the California State Department of Health Services, 60% of all births to teenage mothers occurred in the Southern California area.

The conditions that contribute to teenage pregnancy are numerous and complex: peer pressure to be sexually active; the desire to be close to someone; parent's assumptions that their children already know all the facts; young people's inability to talk with one another about their sexuality; a lack of knowledge of health risks to

both themselves and the baby in early childbearing, and ignorance of the risks of pregnancy. Research shows that misinformation is the major reason for teenagers' failure to use contraceptives. "As a result, half of all premarital first pregnancies occur in the first six months of sexual activity and more than one fifth occur during the first month".[1]

With over 90% of unmarried teens opting to keep and raise their children, the other unsettling aspect of the overall problem includes unpreparedness for future employment; the likelihood of welfare dependency; higher incidences of abuse and neglect; high infant mortality rate; a greater likelihood of inadequate prenatal care and poor nutrition, and social isolation from peers, family and support systems resulting in higher incidences of suicide and depression.

Although Children's Home Society believes there is no easy solution to teen pregnancy, we do strongly think that more planful attention needs to be given to a comprehensive service delivery system which will assist parenting teens to continue their education; acquire employment skills; improve the health of themselves and their child; improve their parenting skills; prevent subsequent unplanned pregnancies and reduce their welfare dependency.

Since 1980, Children's Home Society has been involved in a national demonstration project entitled "Project Redirection". This pilot is to test a program model to assist low-income pregnant and parenting teens by providing/linking these teens with an array of services aimed to develop economic and personal self-sufficiency and reduce welfare dependency. In 1981 an Urban Institute Study showed that nearly $5 billion was spent in welfare assistance stemming from teenage pregnancy. The Children's Home Society project cost per year per teen excluding start up cost was $1750. Since 1980, the program has served over 250 young girls and continues to achieve the goals of helping drop-outs return and complete their education; teens assume a greater degree of pediatric care for their children; the minority of young teens developed employable skills and reduced their welfare dependency, and there was a significant decrease in the number of second pregnancies.

To most effectively address the needs of pregnant and parenting teens in California, there will need to be more integration and linkage building than presently exists in the current fragmented children services both at state and county levels. Pregnant teens and parenting teens have multiple problems and needs, and the current quality and quantity of services the young teen boy and girl receives is heavily dependent upon the service system he/she falls into which may not adequately reflect their multiple problems.

I hope these brief comments will be of assistance to you and the Members of the House Select Committee on Children, Youth and Families. If there is any way in which I or Children's Home Society of California can be of assistance to you or your Committee, please call upon us. I appreciate the opportunity to express the views of our agency on some of the critical issues impacting on services for children and their families. It is critical that we continuously examine a variety of issues and work towards the most effective children's services system to benefit children, youth and their families and strive for the best utilization of our resources including public and private funds, and professional, available resources.

Respectively submitted,

ESTELLA I. JORGE,
State Director of In-Home Services.

PREPARED STATEMENT OF LOIS MAXINE DEGARIMORE, CONCERNED PARENT

Everyone not still waiting for the tooth fairy knows that, just because a thing has been done for years, doesn't make it right, and just because it is the law doesn't make it right either.

In ancient times throwing Christians to the lions was practiced by the elite. In the 17th and 18th centuries, burning witches had the full approval of the courts. A century ago, here in America, slavery was the law of the land. And, more recently, in Germany, extermination of Jews was the practice, if not the law.

All of these things were defended in their time (by some) as necessary for survival of whatever we held dear.

Well this time (beginning about 1917) society has really made a blooper. They have actually legislated against responsibility for noncustodial parents.

Society has been so blind that, in fact, it is doubtful that you will know immediately which noncustodial parents I am talking about.

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[1] Issues in Brief, volume 2, number 1, January 1982 Alan Guttmacher Institute.

You are likely to say "But that't not true. We do feel noncustodial parents have obligations to their children. In fact, it was brought out in these very hearings that, within one year of a divorce, over 80% of noncustodial fathers have ceased to pay child support. This is recognized as a major social problem. What are you trying to tell us?"

No, I'm not talking about fathers who lost custody in divorce cases. I am talking about approximately 10 million men and women who are more likely to be regarded as nonparents than as noncustodial parents.

Ten million men and women who, like bag ladies, skid row alcoholics, the retarded in institututions, the mentally ill, and other embarrassments to society are more often not regarded at all—because, frankly, it hurts our consciences to know we haven't done all we could to alleviate their suffering—to know that society has failed them.

And in failing them, it has failed their children.

These ten million men and women are the birthparents of this country's five million adopted persons.

A few, highly visible to this committee, have had their parental rights terminated by the courts. Fut these few are visible greatly out of proportion to their numbers. They have always comprised a minority of birthparents, and particularly so a generation ago when 80 to 90% of unwed mothers gave up their babies.

The reasons these parents relinquished their children are as varied as the people themselves, but they had one thing in common. They either came to believe themselves that they were unable to adequately parent their children—or someone else believed they were unable.

The truth may have been entirely different. They were, most of them, after all first time mothers. How could they or anyone really know how well they would do. Indeed, most grew up, got a job, acquired maturity and, often, a husband. No longer would the adult would, on learning of their pregnancy, immediately think "I hope she has sense enough to get an abortion" or "Her child would be better off without her." Indeed, she may have gone on to adopt children of her own.

Sometimes, though not often enough, even the truly inadequate parent grows up or is rehabilitated. Alcoholics do dry out. The drug dependent do occasionally get "off the stuff." Criminals do occasionally go straight. The possibility of growth at least exists.

But in the eyes of the law this growth never happens. The law is inclined to act as though its pronouncements were carved in granite. "Once unable, always unable" or once adopted, always an adopted CHILD.

Yet times change, and people change, and our notions of "what is best" change too.

"Best for the child" was once seen as secret, "closed" adoptions. The less everyone knew, the better. The official policy was to hide any negative background from all parties, and act "as if" the birthparents ceased to exist with the signing of the decree.

Enlightened social workers are beginning to see that (birthparents nonexistence) was a dangerous myth. Children grew up ignorant of vital medical information, and, more seriously, with a lingering feeling that they were once "rejected."

No amount of "Chosen Baby" stories could really take that feeling away—because, if their birthparents were really "good people" who "Gave you away because they loved you"—and loving families were desirable—then where were they? Why weren't they allowed in the home?

The birthparents fared little better. It turned out that they lost far more than their firstborn children.

The tragedy is that birthparents, having been judged unable to adequately parent their children, were taught that it was truly possible for them to become nonparents. Officially absolved of all present and future responsibility, they were told in prosurrender literature[1] that "Even if a problem should arise, you would not be involved." This slander was thereafter euphemistically referred to as "the right to privacy."

Even if a problem should arise . . . they said. Welcome to the world of nonresponsibility! It's no wonder that birthparents became nonpersons, acknowleged only in warnings about search and contact.

Never ever were they thought of as a resource—as anyone they would want in their lives, or in the lives of their children.

What is the cost to society of failing to see birthparents as a valuable resource? What has been the cost of enforced nonresponsibility?

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[1] What is Best—for you and your child—Los Angeles County Bureau of Adoptions—1962.

It is enormous. It affects very directly 15 million persons, less directly two or three times that many, and in some way, nearly all of society

It is manifested in higher crime rates, emotional disturbance,[2] and plain old grief, on the part of our children, and unfold anguish on the part of their birthparents. It is a tragic waste. Worse, it is totally inhumane! To go to your grave without knowledge of your own flesh and blood would be truly "cruel and unusual punishment" were it not so painfully usual.

To be legally prevented from nurturing and caring for one's child—from giving any care at all—simply because at one time you couldn't give total care—makes about as much sense as preventing clerical and factory employees from working at all, simply because they don't have (didn't start out with) the ability to be supervisors and managers.

OK, you may ask, what are we supposed to do about this? Are you asking that we take this child from his secure, "perfect" adoptive home? Isn't this a non-solution like the thought of avoiding the trauma of broken families by making either marriage or divorce a felony?

Happily, the answer to both questions is "No!" The benefits of an extended family can easily be added to the benefits of the adoptive family. You don't have to have custody, after all, to make a positive contribution to someone's self image. Favorite aunts, teachers, and noncustodial (divorced) fathers have always been recognized as valuable, if not vital, parts of a child's life.

First, we must recognize, and have this recognition reflected in adoption policy, that adopted persons not only have two families but that they need (contact with) both families.

It should be seen for the tragedy it is that so often adoptees are afraid to search for birth relatives for fear of hurting their adoptive parents. Ideally, there should be no need to search, because there should be contact throughout life.

Second, we must declare in law and public policy that adoption agencies and county bureaus of adoption have an obligation to pass on to all parties, on request, that the birthparent or adoptee desires contact.

It should be part of pregnancy counseling for the unmarried that their moral, if not legal, obligations to love and nurture their children do not end with the selection of other custodial parents. Contact should be encouraged, not prevented!

Only in the case of court terminated rights for abuse and neglect should it be policy for the agency to keep identities and addresses confidential. In these cases the custodial parents would retain the right—and duty—to make the judgment as to whether in-person contact is desirable.

It is not enough to say: "Fine, in the future we will do that! But, after all we 'promised' present adoptive parents that there would be no contact. Some adoptive parents out there are sure to feel uncomfortable with this."

Well yes, that's true. And some slave owners were uncomfortable when slavery ended too!

It's time we stopped thinking of adoptees as chattel. That kind of thinking is what perpetuates child abuse on the theory that "the parents have a right to 'privacy' (again, that awful word) in deciding how to discipline their children." A child must not be forced to endure emotional abuse simply because it is his family who are the abusers.

I believe that every birthparent has a moral obligation to contact her child (or his family, if he is still a minor) and announce her availability to answer questions and offer whatever resources she has for social and emotional support. Why shouldn't an adopted person receive birthday and Christmas gifts, for instance, from his birth family? Are not divorced fathers encouraged to offer evidence of love and concern?

I believe every birthparent also has, morally if not legally, an obligation to give financial help, if needed, and if her situation permits.

It is the obligation of society to allow all its children (yes, even adopted children) access to all the love they can get.

Adopted persons are not second rate, deserving of only a rationed amount of love. Nor is it enough to declare that "at age 18 (or 21) you may, perhaps, have access to the love of your birthfamily." This sort of discrimination constitutes, I firmly believe, nothing more than legal child abuse.

Many things we can wait for, but not the child. His name is today.

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[2] "The Adoption Triangle"—Reuben Pannor.

UNIVERSITY OF CALIFORNIA, BERKELEY,
Berkeley, Calif., October 28, 1983.

Representative GEORGE MILLER,
Chairman, Select Committee on Children, Youth and Families,
U.S. House of Representatives

DEAR MR. MILLER: Please find enclosed the survey results from the University of California Student Expense, Resource, and Child Care Survey, conducted in the spring of 1982. This survey involved 35,000 University of California students from all 9 campuses. The size of the sample drawn was intended to provide information useful for assessing the circumstances of student parents on each campus.

In brief, the results obtained indicate that student parents make up about 6.5% of the UC student population, that parents are concentrated heavily in the graduate and professional school populations, and that about 6[illegible]% of student parents use some form of day care for their children. The survey indicates a number of parents are either seeking day care or seeking additional hours of day care for their children.

A full report on the survey results as applied to student parents in the University as a whole is enclosed. Should it be needed, it is possible to obtain copies of individual campus results.

We hope this information will be useful to you, and the committee.

Sincerely,

KIMBERLEY THOMAS,
Program Development Specialist, Child Care Services.

UNIVERSITY OF CALIFORNIA STUDENT EXPENSE, RESOURCE, AND CHILD CARE STUDY—CHILD CARE SURVEY RESULTS SYSTEMWIDE REPORT

INTRODUCTION

In recent years, questions have been raised on a number of occasions about the need for day care facilities for young children whose parents are engaged in full-time study at the University of California. Student parents, members of the State Legislature, University administrators, and others have all taken part in discussions of the issue at various times, but analysis has been hampered by a lack of reliable data.

In October 1981, the University of California Systemwide Administration authorized funds for a survey to be conducted of UC students with children. The object of the survey was to determine the number of students with young children, the number of student parents making use of child care services, and the number of student parents unable to find child care situations that satisfied their needs.

The survey was designed to supplement information already available on the child care needs of student parents enrolled at the University. That information, in part, consisted of data on capacity, cost, and services available in on-campus child care centers.

In addition, several other studies carried out in past years had canvassed students on the question of whether a sufficient amount of child care was available to them, but these studies were limited to assessments of individual campuses or of only a few of the campuses. The present survey measures demand for child care among students on all campuses throughout the University of California system.

The report which follows contains the data collected in the survey; the information is presented in aggregate form covering all campuses of the University. The organization of the report is the following: (1) a summary of the main points of the findings of the survey, (2) a brief description of present University of California student child care programs, (3) an outline of the methodology used in carrying out the survey, and (4) a detailed review of survey results.

SUMMARY OF SURVEY FINDINGS

Student parents make up a relatively small part of the University of California student population, about 6.5 percent. They are, on the average, older than other UC students, and heavily concentrated among graduate and professional school students. A small, but significant number (19 percent) are single parents.

A majority of student parents and student parent spouses are employed, and employment, along with academic work, are the two main reasons students seek outside care for their children. Especially among undergraduates, parenthood seems to

have an impact on the academic course load undertaken; student parents tend to enroll for fewer units than do other students.

Although there is a moderate sized group of student parents who have low incomes (27 percent earning less than $7,000, excluding financial aid), the financial status of parents, on the whole, is fairly good (60 percent over $10,000 and 38 percent over $20,000, excluding any financial aid received).

The number of hours of child care used weekly by parents varies according to the ages of the children involved. Those with school-age children use mainly part-time care; parents of 2-4 year olds more frequently use full-time care than do the parents of infants or older children; and, parents of infants show considerable variation in the number of hours per week they use child care. In this latter group, there are not great differences in the numbers of parents using full-time care, half-time care, and care for only a few hours a week.

Aside from supervision at school and parental supervision, the forms of care UC parents most frequently use are a sitter taking care of one child, a preschool, an exchange arrangement with a friend, and an adult relative. There is no great variation in the proportion of parents using most of the various forms of care.

Sixty-six percent of student parents (approximately 4,950 parents) use some form of child care. Of the 34 percent (approximately 2,550 parents) who do not, 60 percent (approximately 1,530 parents) do not want care and 40 percent (approximately 1,020 parents) would like to have outside help. By a considerable majority, the reason these latter parents give for not having care is that they are unable to afford it.

Of the parents using care, 64 percent expressed a need for an additional amount of care for at least one of their children. The mean number of additional hours per week needed by parents of 0-2 year olds is 10, by parents of 2-4 year olds is 8, and by parents of 5-12 year olds 7. Most parents of children under 13 years of age are seeking either fewer than 10 additional hours per week or between 10-19 additional hours per week.

About half of UC student parents using child care pay for it in cash. The remainder pay through services, make no payment for care, or pay through some combination of cash and services. Of those making cash payment for care, the average weekly cost is $35 for children under 2, $36 for children 2-4, and $23 for children 5-12.

Thirty-seven percent of parents using care make no contribution of services to the program and 14 percent of parents using care report they make no cash payment. Of those contributing services, the average amount is 2-3 hours per week.

When asked to indicate what form of care they would prefer to have for their children, the most highly rated for children under 2 was "a relative providing care in my home or the relative's home," for children 2-4 "a nursery school or other preschool," and children 5-12 "an after school program."

Overall, students rated their present child care arrangements very highly; on all but three of the eleven factors rated, at least 80 percent of students indicated satisfaction, and on the remaining three, over 70 percent of students indicated satisfaction. The issues about which greatest dissatisfaction was expressed were the inability to get the kind and amount of care needed all at the same place, and the location of, transportation to, and/or convenience to home of care.

UNIVERSITY OF CALIFORNIA CHILD CARE PROGRAMS

The University now provides for student child care in two ways. First, financial aid is made available to needy students to help cover the cost of private child care. Second, the University has either a child care center or a laboratory school on each of its campuses, accepting children of students, in most cases, as first priority. At most of these facilities there is a waiting list for admission, the size of which varies by campus and by the tme of year. Regardless of these fluctuations, there is usually some demand for additional on-campus child care spaces on all the campuses.

Among student parents, on-campus facilities are popular because of their convenient location, because the services are responsive to campus scheduling and other circumstances, and because campus child care centers often enjoy a better reputation for quality than some private off-campus services. UC campus centers have additional advantages for students because of their low cost. Because the principal source of funding for most of the centers is grant money from the State Department of Education, it is possible to provide child care to low-income students at modest cost.

Not all child care experts support the expansion of on-campus centers however. Some point to the high cost of space and services in on-campus locations, the lack of

availability of ample open spaces for facilities, and the unsuitability of a busy congested campus environment for many child care activities.

METHODOLOGY OF SURVEY

The specific problem addressed by this survey was to define the demand for child care among UC students. We wished to determine the number of students responsible for the care of children 12 years of age or younger, the kind of care these students have and want for their children, and the price of present care. Child care, for the purposes of this study, is defined as that needed by student parents while they are studying, working, attending class, or carrying out essential business. It does not include babysitting needed by parents while they are engaged in social activities.

Because preliminary data gathered for a recent financial aid survey suggested that the percentage of parents in the student population was small, and because we wished to have data which would allow each campus to assess its particular situation, it was clear that a large sample of students was necessary. These facts, in combination with the large number of questions to be asked, suggested that a direct mail survey was advisable. A part of the survey instrument was devoted to questions about students' resources and expenses and was primarily for the use of the UC Office of Financial Aid. Clearly, however, these questions are also relevant in a number of ways to students' child care concerns.

The questionnaire, as well as other aspects of the survey procedure, as designed by staff in Systemwide Student Academic Services, in consultation with the Berkeley campus Survey Research Center. In addition, a student parent group, campus Vice Chancellors for Student Affairs, Financial Aid Officers, and campus Child Care Center Directors reviewed the draft of the survey instrument and suggested changes and additions to it.

The form, included as Appendix A of this report, was pretested with eight groups of between 6 and 20 students, both parents and non-parents, on the Berkeley and Davis campuses. Some of the items we were particularly interested in checking with students were interpretations of terms and questions, the amount of time required to complete the form, and overall reaction to format and content.

A systematic random sample of students to receive the questionnaire was chosen from the student data base and mailing labels were printed. Because there was no information in the data base to indicate which students were likely to be parents, the population from which the sample was selected included all students, without regard to whether they were undergraduates, graduates, or professional school students. The survey instrument was designed so that the first 21 questions applied to all students, and the remaining 14 to student parents alone. All students receiving the form were asked to complete and return it, whether or not they were parents.

The questionnaires, 33,298 in all, were prepared and the first mailing sent at the midpoint of spring quarter, 1982. At approximately two-week intervals, two follow-up reminders were sent to those students who had not responded. The first follow up was a letter reiterating the purpose of the survey (Appendix B) and stressing the importance of responding, and the second was another copy of the questionnaire with a reminder notice printed on it.

Out of the 33,298 questionnaires prepared, 32,896 were sent, and the remainder were not sent because the Berkeley campus mailing division found the addresses either to be incomplete or to have other problems which would have made the form undeliverable. An additional 1,262 were returned by U.S. Mail because the student had moved and either left no forwarding address or left an address change advisory which had since expired. Finally, 16,341 questionnaires (49 percent), were completed and returned, and of these, 1,077 were student parents.

The accuracy of the results we have obtained depends on the representatives of the responses received. The results would be biased if the students who responded differed significantly from those who did not return their questionnaires. There is not conclusive evidence that the 49 percent of the sample who responded shared the same experiences and views as the 51 percent who did not respond. However, a comparison of the respondents to the student population as a whole indicated that the distribution by class level and campus was similar for both groups. Furthermore, the length of time students took to return the questionnaire did not significantly affect the responses given. Thus, there is no reason to suspect any serious bias in the responses obtained.

Error could have also been introduced if the particular sample selected was, by chance, an unusual one. However, the number of students sampled was large enough to ensure that the particular sample selected was unlikely to differ greatly from the students not selected. For instance, the chance is only one in twenty that

the percentages of sampled student parents indicating the same response category are not within 2.7 percentage points of the value that would have resulted had all student parents been sampled. Moreover, on items where a high percentage of student parents responded in the same way, the confidence that can be placed in the results is a bit higher. For instance, when the results show that 75 percent or more of the student parent responses all fall into the same category, the percentages given should be within 2.4 points of the percentages that would have been found if the responses of all student parents were known.

RESULTS OF THE SURVEY—STUDENT PARENTS

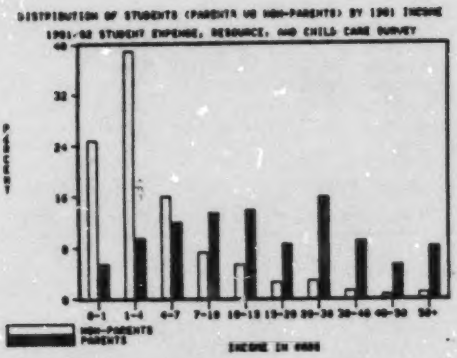
Our data show that student parents make up approxomately 6.5 percent (about 7,500 students) of the UC student population. Among respondents, there was a fairly even distribution between men (48 percent) and women (52 percent). Most (83 percent) are between the ages of 25 and 39, and over half (54 percent) are between the ages of 30 and 39.

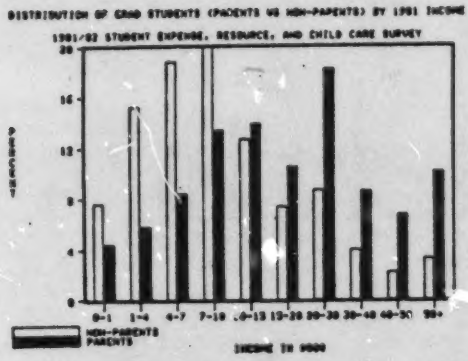
The average age of student parents is 32, while that of students who are not parents is 23. Also, well over half of UC student parents are either graduate students (56 percent) or professional school students (10 percent), while only 34 percent are undergraduates. It is important to note that, although graduate students and professional school students make up about 66 percent of student parents, they constitute only about 25 percent of the total student population. Given the ages and the academic status of UC parents, it is likely that many are students who have spent some years outside the university and have now returned for additional education.

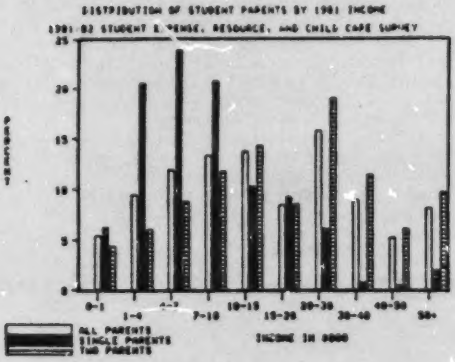
Most UC parents (78 percent) are part of a two-parent household, but approximately one in five (19 percent) is a single parent. Another 3 percent of parents describe themselves as having some other living arrangement, not single parents and not part of a two-parent household. A large majority of single parents (85 percent) are women.

Our survey showed a somewhat mixed, but on the whole encouraging, picture with regard to student parents' financial status. Excluding financial aid, they reported an average income of $19,076, and a median income of $12,971. Broken down by level, 27 percent of student parents have an income of less than $7,000, 27 percent have an income of between $7,000 an $14,999, 33 percent an income between $15,000 and $39,999, and 13 percent an income of $40,000 or more. The average amount of assets reported by student parents was $31,479, and the median amount was $7,539.

The following are three charts displaying student income information in different ways. The first compares the income (excluding financial aid) of student parents and students who are not parents. The second compares the income (excluding financial aid) of graduate student parents and graduate students who are not parents. And finally, the third compares the income (again excluding financial aid) of single-parent and two-parent households.


DISTRIBUTION OF STUDENTS (PARENTS VS NON-PARENTS) BY 1981 INCOME
1981-82 STUDENT EXPENSE, RESOURCE, AND CHILD CARE SURVEY
PERCENT
0-1 1-4 4-7 7-10 10-15 15-20 20-30 30-40 40-50 50+
NON-PARENTS
PARENTS
INCOME IN $000

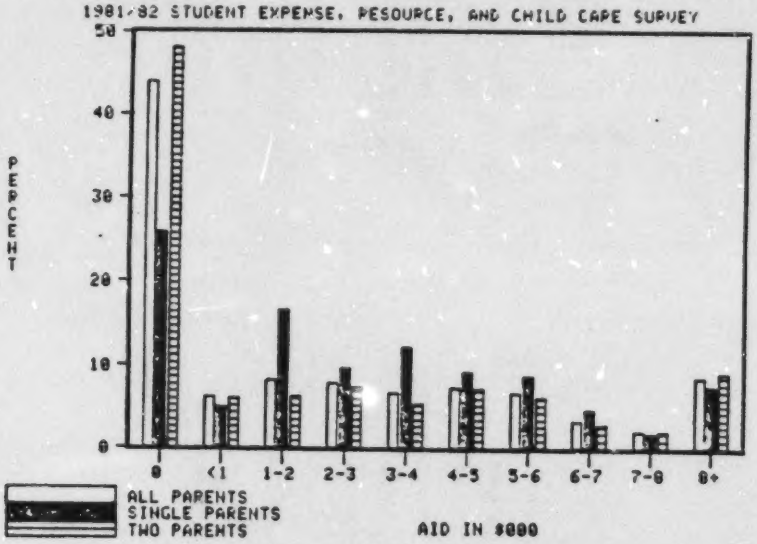

DISTRIBUTION OF GRAD STUDENTS (PARENTS VS NON-PARENTS) BY 1981 INCOME
1981-82 STUDENT EXPENSE, RESOURCE, AND CHILD CARE SURVEY
PERCENT
0-1 1-4 4-7 7-10 10-15 15-20 20-30 30-40 40-50 50+
NON-PARENTS
PARENTS
INCOME IN $000


DISTRIBUTION OF STUDENT PARENTS BY 1981 INCOME
1981-82 STUDENT EXPENSE, RESOURCE, AND CHILD CARE SURVEY
PERCENT
0-1 1-4 7-10 10-15 15-20 20-30 30-40 40-50 50+
ALL PARENTS
SINGLE PARENTS
TWO PARENTS
INCOME IN $000

Fifty-six percent of student parents receive financial aid, defined for the purposes of the study as scholarships, fellowships, grants, student loans, and work study, but excluding teaching assistantships, social security payments, veterans benefits, or payments from Aid to Families with Dependent Children. Of those receiving student financial aid, 22 percent receive less than $3,000, 20 percent receive between $3,000 and $5,999, and 14 percent receive $6,000 or more. The average amount of financial aid received is $2,353 and the median amount is $1,133. Below is a chart comparing amounts of student financial aid received by single parents and by students in two-parent households.

DISTRIBUTION OF STUDENT PARENTS BY AMOUNT OF FINANCIAL AID RECEIVED

1981-82 STUDENT EXPENSE, RESOURCE, AND CHILD CARE SURVEY



Turning to the question of student parent expenses, the average monthly housing cost reported was $376, for food $291, for books and supplies $33, and for transportation, $46. Thus, the total average monthly expenses for student parents for these four essentials is $746.

Of student parents, 33 percent work for 20 or more hours per week, 26 percent work 19 hours or less, and the remaining 41 percent are not employed. Of student parent spouses, 47 percent work 30 or more hours per week, 18 percent work 29 hours or less, and the remaining 35 percent are not employed. These figures, in combination with other information gathered in the survey, indicate that a significant part of the need for student child care is due to the employment of one or both parents. Further, employment is very likely a necessity for these students since almost all (97 percent) are independent of parental support.

Forty-two percent of respondents indicated that three persons were dependent on their income and assets, and 29 percent showed four persons dependent on their resources. Considerably smaller percentages showed greater and lesser numbers of dependents on family income: 14 percent, 2 persons; 10 percent, 5 persons; and 3 percent, more than 5 persons.

UC STUDENT PARENT HOUSEHOLDS

Over half (59 percent) of student parents have one child, and 31 percent have two. Small proportions have three (8 percent), or four or more (2 percent). Looking at the

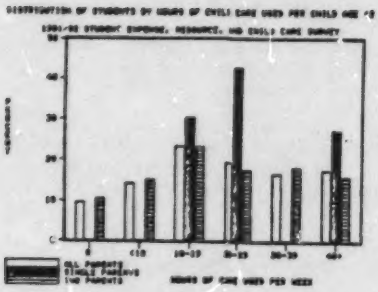
ages of the children of student parents, 27 percent of the children are less than 2 years old, 26 percent are between the ages of 2 and 5, and 48 percent are between the ages of 5 and 12.

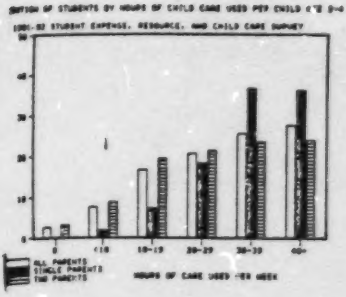
It is important in thinking about child care needs to keep in mind the number of children in each age group. Different age groups of children require quite different kinds and amounts of care, and the costs and availability of care also differ. For example, demand for infant care often exceeds supply, more so than is usually true for the other two age groups. Also, infant care is normally more expensive to purchase than other forms because of infants' greater need for individual time and attention from a care giver. Care for children 5–12 is distinguished by the facts that it generally is needed only during late afternoon hours after school, and that the cost per hour of care is usually lower because the adult-child ratio with this age group can be higher.

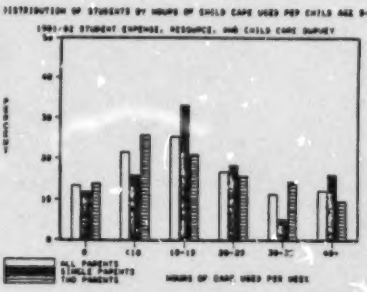
WHY PARENTS NEED CARE FOR THEIR CHILDREN

Parents' reasons for using outside care for their children are many. One group, however, single parents, face special problems in this area since they usually have no option in regard to seeking care and they often need a greater number of hours of care than two-parent families.

UC single parents, especially those whose children are 4 years of age or younger, tend to use greater number of hours of child care than do two-parent households. Below are three charts comparing the number of hours of child care used by single parents with the number of hours used by two-parent households.







Excluding the special problems of single parents, other student parents usually seek care because of their need to devote time to academic work and employment. As mentioned earlier, a majority of student spouses and student parents work. In addition, among students responding to our survey, 21 percent of spouses were enrolled at least half-time in an academic program, 10 percent of those at UC.

To determine whether student parents enroll for fewer units than other students, we compare the responses of the two groups on the question. The results are the following:

COMPARISON OF ACADEMIC UNIT LOAD OF STUDENT PARENTS [1] AND OTHER STUDENTS RESPONDING TO THE SURVEY

[In percent]

	0 to 5 units	6 to 7 units	8 to 9 units	10 to 11 units	12 to 13 units	14 plus units
Undergraduate students:						
0 children	0.3	0.5	0.3	2.8	36.2	54.5
1 child	8.3	1.5	10.8	3.7	40.8	34.9
2 children	6.2	.8	11.8	4.3	41.6	35.3
Professional school students:						
0 children	2.4	.5	3.5	3.5	16.1	74.1
1 child	1.9	1.3	.7	3.9	16.5	74.4
2 children	7.1	3.6	13.2	2.1	17.7	56.4
Graduate students: [2]						
0 children	8.1	3.0	22.2	7.9	38.4	20.5
1 child	11.2	5.1	27.6	7.5	34.8	13.8
2 children	7.2	7.1	23.1	2.8	35.1	14.7

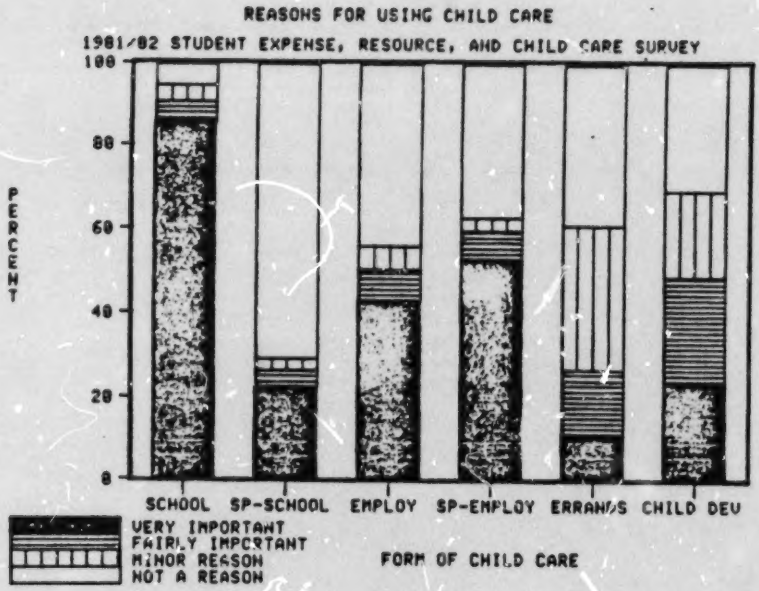
[1] Data on parents with three or more children have been omitted because of the small number of responses in this category.
[2] Data on graduate student unit load include only students not yet advanced to candidacy.

From the data just given, it appears that undergraduate student parents do enroll for fewer units than their counterparts who are not parents. Proportionally, 20 percent fewer undergraduate parents enroll for 14 or more units than do non-parent undergraduates. To a lesser extent, this tendency is also evident among professional school students with two children and among graduate students with either one or two children.

Some student parents also believe that their academic progress is slowed by difficulties related to child care. When asked what effect more and better care would have on their academic work, about 30 percent of student parents said none. But of the remaining students, 36 percent of them said it would not have taken so long to earn their degrees. Twenty-six percent of this same subgroup said their spouse would take a job or work more hours if more and better care were available, and 16 percent said their spouses would enroll as students.

In addition to the above data regarding student responsibilities, we also asked student parents to rate a series of factors in terms of their importance in their decision to seek care. A large majority of students, 85 percent, indicated that a very important reason they seek care is "because I need to go to class or study." A smaller, but very sizable percent (53 percent) marked as very important "because my spouse/partner is employed," or "because I'm employed" (43 percent). Respondents differed, to a marked degree, in their evaluations of the importance of only one of the reasons for seeking child care; that was, "Because we/I think it's important for the children's development." To a somewhat lesser extent, students also differed in the degree of importance they gave to child care needed while they took care of daily chores and other essential business. Concerning the other explanations for the need for child care (e.g., the time needed for employment or for study), there was general agreement about their importance.

35-158 O—84——14



School - Because I need to go to class or study

Sp School - Because my spouse/partner needs to go to class or study

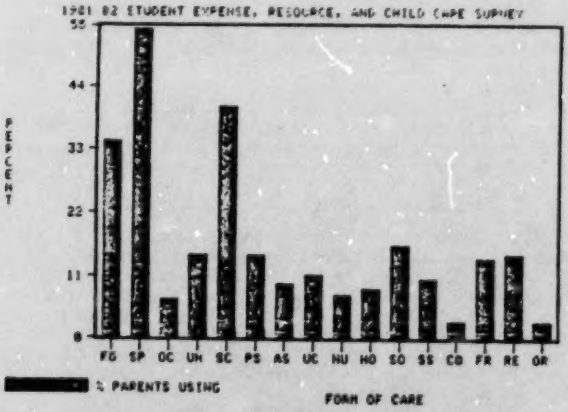
Employ - Because I'm employed

Sp Employ - Because my spouse/partner is employed

Errands - Because I need time to take care of essential errands and other personal business (not social activities and not my job)

Child Dev - Because we/I think it's important for the child(ren)'s development

% OF STUDENT PARENTS DEPENDING ON CHILD CARE (BY FORM OF CARE)
1981 82 STUDENT EXPENSE, RESOURCE, AND CHILD CARE SURVEY



FG - Percent of all parents who indicated that no one else, except their spouse/partner or older children in the family, provides any of the care their children normally receive.

Percent of all parents who indicated they are the following forms of child care:

SP - My spouse/partner

OC - Older children in my family who look after the younger one(s) for at least part of the day

UH - Look after themselves for at least part of the day (with no adult supervision during that time of day)

SC - Kindergarten, elementary, or junior high school

PS - Nursery school or other preschool for children who are 3 or 4 years old

AS - After-school program (organized activities for school age children during the late afternoon hours, after elementary school classes)

UC - UC campus child care center

OC - Off-campus child care center which is run by another person or group (not by UC)

HO - Family day care home (a home-based child care program for 12 or fewer children)

SO - A sitter who is paid to take care only of my child(ren)

SS - A sitter who is paid to take care of at least one other child, in addition to mine

CO - Parent-run cooperati - (in which parents take turns caring for children in a formal, organized nursery or other program)

FR - An arrangement with a friend in which no money is exchanged: I take care of my friend's child(ren) for a certain number of hours per week, and my friend takes care of mine for a comparable number of hours

RE - Another adult relative (either in our home or in the relative's home)

OR - We (also) use some other kind of child care

CHILD CARE USED BY UC STUDENT PARENTS

The two forms of child care most frequently used by parents are, not surprisingly, care by a spouse and supervision by kindergarten, elementary, or junior high school. The frequency with which parents use various kinds of child care is shown on the following chart. Please note that parents were asked to mark all forms of care used.

Aside from supervision at school and parental supervision, the most frequently used forms of care are a sitter taking care of one child, a preschool, an exchange arrangement with a friend, and an adult relative. It is interesting to note that none of these forms is used by more than 16 percent of parents and that there is no great variation in the proportion of parents using most of the various forms of care. The chart does not show the relative amount of time each form of care is used.

NUMBER OF HOURS OF CHILD CARE USED

Among UC student parents, the survey showed considerable variation in the number of hours of care used per week by parents, to some extent, use patterns were shown to vary with the age of the children. (Charts showing hours of child care used, by age group, are given on page 10.) First, among parents who use some care for their children and who have a child less than 2 years of age, no clear pattern emerges regarding the number of hours used per week. The largest group (24 percent) of parents of children under 2 uses between 10 and 19 hours of care per week. However, 19 percent use 20–29 hours per week, 17 percent use 40 or more hours, and 16 percent use 30–39 hours.

On the other hand, among parents of children in the older age groups, more clearly defined patterns are evident. A large majority of parents of children 2 through 4 years of age (73 percent) use 20 or more hours of care per week, and a majority (53 percent) use 30 or more hours per week. Also, a majority of parents of children 5 through 12 (60 percent) use less than 20 hours of care per week.

Some of the likely reasons for these variations are the following. First, most school-age children only need outside care during the late afternoon hours when school is not in session; thus, the large proportion of parents of 5–12 year olds using less than 20 hours per week.

Second, parents of 2–4 year olds, in comparison with parents of younger children, are more likely to use full or nearly full-time care both because there are many well-organized and educationally sound preschool programs, and because there is more general agreement about the benefits of good child care programs for this age group than for younger children.

Finally, approaching this same idea from a different direction, the lack of a clear-cut pattern of hours of use among parents of infants may reflect parents' desire for family care for this age group. This interpretation appears to be substantiated by the fact that, elsewhere on the survey, when asked about child care options, the most frequent response of student parents of children under 2 was "a relative caring for my children."

Another possibility is that differences in the number of hours used may reveal problems in finding an adequate number of hours of care for children in certain age groups. The data from the survey do show that parents of children 0–2 who have some care need, on the average, a greater number of additional hours of care than other parents. Also, parents of children 0–2 are more likely than parents of older children to want care and have none. On the other hand, the reason most frequently given for lack of care is insufficient money, rather than inability to find care.

CHILD CARE NEEDS

How nearly does the amount of child care now used meet the needs of student parents? Of those responding to this survey, 66 percent indicated that they used some form of child care, while the remainder did not. Of this 34 percent using no care, 60 percent of these parents indicated they do not wish to have child care, and 40 percent said they would like to have someone help.

To put this information into perspective, this means that out of the approximately 7,500 student parents enrolled in the University, about 4,950 use outside care and about 2,550 do not. Of those who use no care, approximately 1,530 do not wish to have outside child care and approximately 1,020 would like to have child care.

The reasons these latter parents gave for not having care follow. The number of parents in each category below is the total projected to be in the UC student population: 746 parents—We cannot afford the only kind of care we would be willing to use; 102 parents—The only child care we can find is of a kind or quality we find

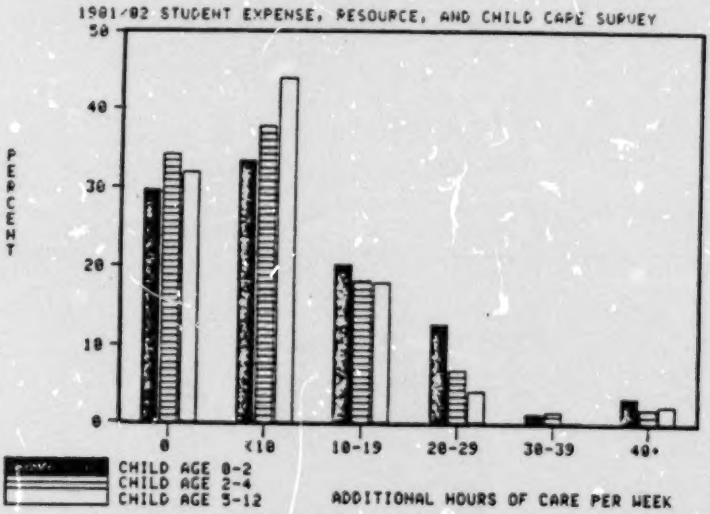
unsatisfactory; 38 parents—We cannot find any child care regardless of quality; 134 parents—We have another reason for not using child care facilities.

Clearly the most common reason for not having outside help is lack of money. Parents feel they cannot affort the only kind of care they are willing to use. Only 10 percent of this subgroup (those without care who wish care) indicated that the child care available to them was of a kind or quality they found unsatisfactory, and only 4 percent indicated an inability to find any kind of child care.

Of the student parents responding who do use child care, the survey asked how nearly the amount of care available satisfied their needs. Thirty-six percent indicated that they have all the care needed for all their children under 13. Of the remaining parents, 30 percent of those with children under 2 needed no more care for this age group, 34 percent of parents with children 2–4 needed no more care for this age group, and 32 percent of parents of children 5–12 needed no more care for this age group. Of the parents who do need more care for their children, the mean number of additional hours per week needed by parents of 0–2 year olds is 10, by parents of 2–4 year olds is 8, and by parents of 5–12 year olds 7.

Relatively few parents need large numbers of additional hours of care. Most are seeking either fewer than 10 additional hours per week or between 10–19 additional hours per week.

DISTRIBUTION OF STUDENT PARENTS BY ADDITIONAL HOURS OF CHILD CARE NEEDED



To sum up the question of child care needs, then, two points should be noted. First, about 14 percent of all student parents, or about 1,000, would like to have care and have none. A large majority of these indicate that money is the reason they do not have care.

Second, substantial numbers of parents (approximately 64 percent of those who use child care) indicate they would like additional hours of care for at least one of their children. But almost all of these parents want a relatively small number of additional hours per week.

PRICE OF CHILD CARE

In general, a large percent of child care arrangements in this country are not paid for in cash. Some studies have estimated that percentage to be as high as 70–80 percent. Sometimes this care is free, provided by a relative or friend. In other cases it is a commodity exchanged or bartered with a neighbor or friend. Groups of parents also form cooperative to care for one another's children, and even in child care

centers where payment is made in cash, there is often a requirement for parent contribution of services of some sort. At most of the University's child care centers, low-income parents often receive all or part of their child care at modest cost because of state grant support to the center.

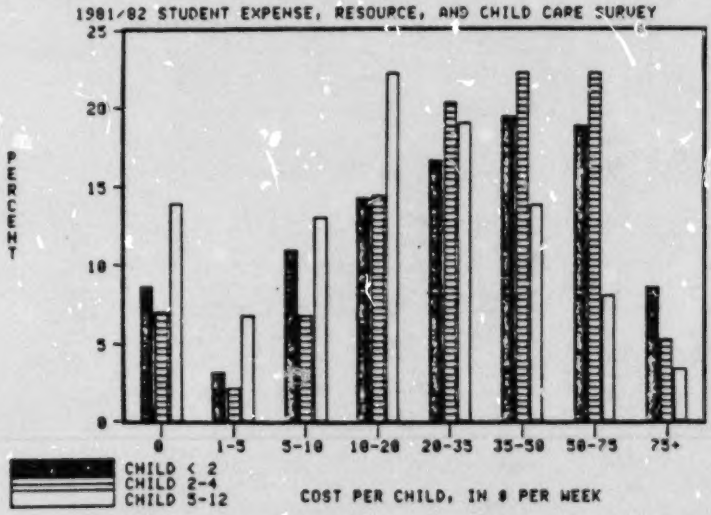
The method of payment for child care is changing, however, in the community at large and at the University. More and more, cash payment is used, because of increased ability to pay as a result of a greater number of two-income families. Also, the breakup of extended family units, which served in the past as one of the primary sources of non-paid child care, has contributed to this trend.

Among UC student parents, cash is the most common form of payment for all or part of the child care used. In response to a question about the method of payment, we learned that approximately one half of UC parents using child care pay for it on a cash basis. Small percentages of parents receive care in exchange for services, receive care at no cost, or receive care through some combination of cash, service, and free subsidy.

For 14 percent of parents with some form of child care, no cash is expended for care. Of those making cash payment for care, the average weekly cost is $35 for children under 2, $36 for children 2–4, and $23 for children 5–12. In evaluating differences in weekly amount spent for care for the three age groups it is important to keep in mind the different amounts of care used for the three age groups.

Of all parents receiving child care, 37 percent make no contribution of services to their children's program. Of the 63 percent who do contribute services, the average amount committed is 2.7 hours per week for children under 2 and children 2–4, and 2.2 hours per week for children 5–12.

DISTRIBUTION OF STUDENT-PARENTS BY WEEKLY COST OF CHILD CARE (PER CHILD)



STUDENT SATISFACTION WITH PRESENT CHILD CARE ARRANGEMENTS

Two of the most significant questions on the survey, addressing matters for which we had little data prior to the survey, involve students' satisfaction with the care their children are receiving.

Respondents indicated their satisfaction or dissatisfaction with a number of aspects of their present child care arrangements. The factors about which students showed greatest satisfaction were the dependability of services (92 percent either completely or fairly satisfied), the physical environment or setting where services

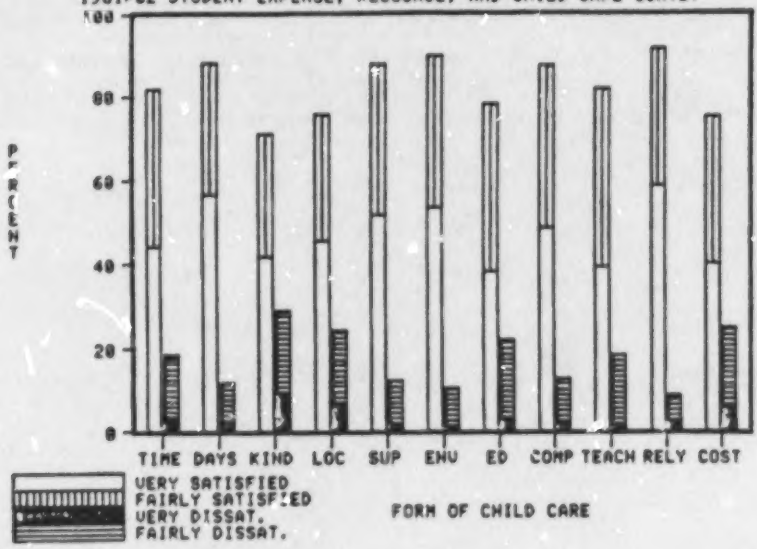
are offered (90 percent either completely or fairly satisfied), and the amount of supervision provided (88 percent either completely or fairly satisfied).

The issues about which greatest dissatisfaction was expressed were the inability to get the kind and amount of care needed all at the same place (29 percent either somewhat or completely dissatisfied), and the location, transportation, and/or convenience to home of care (24 percent somewhat or completely dissatisfied).

Overall, services are rated highly; on all but three of the factors rated, at least 80 percent of students indicated satisfaction, and on the remaining three, over 70 percent of students indicated satisfaction. Below is a chart showing students' rating of all eleven aspects of child care they were asked to evaluate.

SATISFACTION WITH VARIOUS ASPECTS OF CHILD CARE

1981/82 STUDENT EXPENSE, RESOURCE, AND CHILD CARE SURVEY



Time	-	The specific times of day child care is available
Days	-	The days of the week these services are normally provided
Kind	-	Your ability to get the kind and amount of care all at the same place
Loc	-	Location, transportation and/or convenience to your home
Sup	-	Amount of supervision provided
Env	-	The physical environment or setting in which care is provided
Ed	-	What your children are able to learn in this educational environment
Comp	-	The kinds of children your child(ren) associate with there
Teach	-	The way your children are taught
Rely	-	Dependability or reliability of the services provided
Cost	-	The cost or charges for this care

STUDENT PREFERENCE FOR VARIOUS FORMS OF CHILD CARE

The desirability of various forms of child care has been the subject of considerable debate in recent years. Some parents and educators believe that only the care of a spouse/partner is acceptable, especially for young children. Other parents and child care experts place a high value on the socializing and educational advantages that child care centers can offer, while still other parents seeking professional care prefer the flexibility and home-like environment of family day care.

Selection of a child care situation is further complicated by the fact that demand for good quality child care frequently exceeds supply and that there often is considerable cost differential among various kinds of care.

In a survey of this type there are some problems in asking students' preferences since some forms of care which might be most attractive cannot reasonably be provided, for example live-in help or a relative providing care. At the same time, however, it is important to ascertain what student parents prefer, even if changes in present circumstances would be necessary in order to make it available.

A further limitation in asking students to express a preference is that their choice is made in the abstract when, in fact, such decisions are usually much influenced by circumstances. Location, cost, hours available, familiarity with the care giver, other children enrolled in the program, particular elements of the educational program, and various other factors all can, and in concrete situations, often do, exercise a decisive influence.

All this notwithstanding, there is some value in attempting to learn the preferences of student parents in regard to different types of child care. Our survey question on this subject asked students to assume that, in expressing a choice, circumstances such as their family and finances would remain roughly the same, but that a variety of forms of care, which may not now be readily obtained, would become available. We also requested that students choose only one form of care and that they indicate the age group of the child for which the care was being chosen.

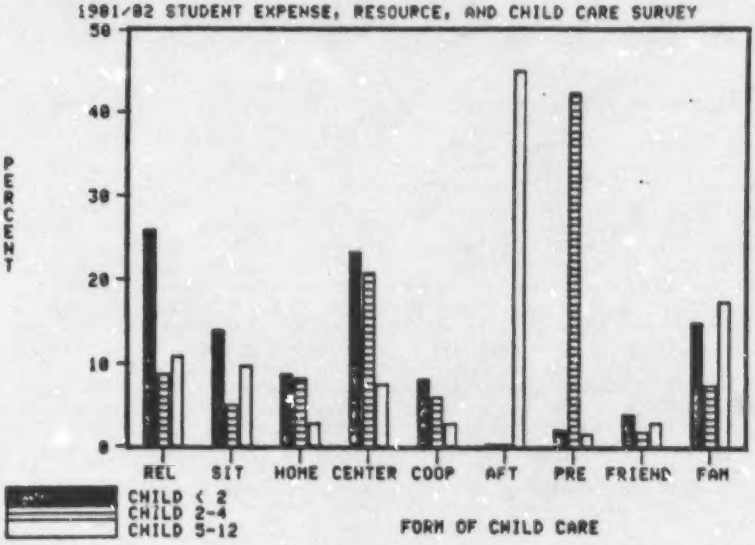
The forms of care most highly rated for children under 2 were "a relative providing care in my home or the relative's home" (26 percent of these parents) and a child care center (23 percent of these parents). The next largest group of parents of children under 2 (15 percent) indicated they were not interested in having care for their children, while another 14 percent of these parents expressed a preference for a paid sitter.

Among the parents of children 2–4, the most popular form of care (42 percent of these parents) was a nursery school or other pre-school. The next most highly rated form of care for children this age was a child center (21 percent of these parents).

Finally, among the parents of children 5–12, by far the most highly rated form of care was an after-school program (45 percent of these parents). The second highest number of parents of children this age, 17 percent, indicated that they were not interested in any child care.

DISTRIBUTION OF STUDENT-PARENTS BY PREFERRED FORM OF CHILD CARE

1981/82 STUDENT EXPENSE, RESOURCE, AND CHILD CARE SURVEY



Rel	-	A relative (other than my spouse/partner) who would provide care in my home or in the relative's home.
Sit	-	A paid sitter who would be responsible for my child(ren) and one or two others
Home	-	A family day care home (home-based care for 12 or fewer children)
Center	-	Child care center (group care not provided in a family home)
Coop	-	Parent-run cooperative (in which a group of parents take turns caring for children in a formal, organized nursery or other program)
Aft	-	After school program (organized activities for school-age children during the late afternoon hours after elementary school classes)
Pre	-	A nursery school or other pre-school for children 3 or 4 years old
Friend	-	An arrangement with a friend in which no money is exchanged. I would take care of my friend's child(ren) for a certain number of hours per week and my friend would take care of mine for a comparable number of hours per week
Fam	-	I'm not interested in any kind of child care for my child-(ren) in this age group (except for the care my spouse, my older children, or I provide)

PREPARED STATEMENT OF MARY-CAROL KELLY, DIRECTOR, MEDIA PROJECTS, CENTER FOR POPULATION OPTIONS

Mr. Chairman, members of the Committee. Thank you for the opportunity to present testimony today about a major social and economic tragedy facing this country: unwanted teenage pregnancies.

Four of ten girls who are now 14 years old will be pregnant in their teens; two in ten will give birth and three in twenty will have abortions. The teenage birthrate in the U.S. is higher than most developed countries and many developing countries.

The rise in out-of-wedlock pregnancies continues to peak between 15 and 17 years. In 1980 over half a million babies were born to teenagers bringing to a total about 3 million children under age five living with mothers who were teenagers when they gave birth.

The Center for Population Options is deeply concerned with this situation and is concentrating its efforts both nationally and internationally on prevention and education. Specifically, I would like to talk today about the work of our Media Projects Office located in Los Angeles, California. This office works to promote responsible messages on sexuality and reproduction in the media by creating an awareness and sensitivity to these issues among professionals in the entertainment industry. Our current areas of focus are television, motion pictures and radio.

These media are significant teachers of social roles, attitudes, values and behaviors. Unfortunately, they often provide young people with role models who act without consequence in stories that resolve all of life's problems within 30 to 60 minutes.

There are more than 150 million television sets in America and the average home has its set turned on about 7 hours a day. By the time a student graduates from high school he or she will have watched about 15,000 hours of TV and over 500,000 ads. This same student will have spent only 11,000 hours in the classroom. As for radio, 99% of all teens listen for an average of three hours a day. Add a couple of hours a week for a movie and the American teenager is spending well over 45 hours a week watching and listening.

If the sexual information young people receive from radio and television and motion pictures was balanced, accurate and responsible, there would be no need for our Los Angeles office to exist. But, as casual review of TV stations, youth oriented feature films and radio rock shows reveal, this is not the case.

As one midwest survey found, young people think sex is for the young, the beautiful and the unmarried. Unmarried people have more sex than married people and if you are married, you "do it" with someone other than your spouse.

And where do young people get these ideas? Primarily from the media. Research from a variety of respectable institutions has shown consistently that the media present a distorted view of sex and sexual relationships. For example, one study found that 70% of the sexual references on television are between unmarried people or involve a prostitute. On any typical evening viewers will hear a growing number of references to rape, transvestism, pornography, transsexualism, homosexuality and striptease. Yet contraception is still considered taboo.

There are exceptions. Two excellent examples of television shows which have provided young people with responsibility, thought provoking stories about teenage sexuality aired recently. The first, a recent episode of *Family Ties*, produced by Gary Goldberg in association with Paramount Studios which aired on NBC, focused on the issue of a teenage pregnancy and the need for parent-child communication. The second example is an episode of a new series titled *Moving Right Along*, produced by WQED for PBS Television. In this show, a group of young people explore their own sexuality, birth control, celibacy and their future ambitions. We applaud the outstanding work done by all of those involved with the creation of these shows.

In an effort to assure that shows such as these reach the public and in particular young people, CPO alerts many national agencies which work with youth, such as the Girls Clubs of America and the National Council of Churches. They, in turn, are able to contact their membership through newsletters, special mailings, schools and local affiliates. In this way CPO is able to increase the viewers of a particular show by several million.

It is imperative that the creators and policy makers of television programs, record companies and radio stations, become aware of the effect they are having on the behavior of young people, and that they begin to respond to the need for characters to express responsibility during sexual encounters. Television, with all of its presex, sex and post sexual episodes presented in living color to adolescents, in the process of formulating their own sexual roles, should include the mention of contraception or planned parenting or non-parenting. Tremendous effort is expanded by the media to promote casual, spontaneous and unplanned sex. And this is exactly what so

many teenagers are imitating. Spontaneous, unplanned and, I should add, unprotected sex.

We were very pleased by findings of a recent analysis of the media and sexual issues which found that most top creative and executive professionals in the television industry are, on an individual basis, receptive to the inclusion of more sexually responsible messages. The industry policy however, does not yet reflect this thinking.

There has been very little research done on popular records of today and their impact on young people although we know that they have a major influence on the young. The importance of reaching this medium is explained in the following lyrics from the 1983 hit record "Sexual Healing" recorded by Marvin Gaye and released through Columbia Records:

Wake up, wake up, wake up!
Oh baby now, let's get down tonight
Baby, I'm hot just like an oven;
I can't hold it much longer;
It's getting stronger and stronger
When I get that feelin'
I want sexual healing, sexual healing
Oh, oh, come take control
Just grab a hold . . . of my body and mind
Soon we'll be makin' it honey
Baby, I think I'm capsizin'
The waves are risin' and risin'

To counterbalance the kind of messages so many of today's pop songs present, CPO is now developing new recorded public service messages with major music stars which will be distributed to the top 500 teen oriented radio stations around the country. In the past, celebrities such as Linda Ronstadt, Alice Cooper, Charlie Daniels, Mohammed Ali, Michael Jackson and Mick Fleetwood have participated in our public service campaigns.

CPO is also working with many national organizations and agencies to make television stations and networks aware of the need for the advancement of contraceptives. At present, such ads are refused for fear that they may offend listeners, promote promiscuity and usurp the role of the parents; excuses which are outdated and we believe not valid. There is no legitimate reason that these products should be singled out for exclusion from the public air waves especially since virtually every other product used for personal hygiene and bodily functions is advertised. Given the amount of sex hyped in programming, promos and advertising, it is difficult to understand the media's refusal to allow for the balance that commercials on contraceptives might provide.

While I have presented to you today many areas of concern to CPO, I do not want to leave you with the impression that the situation is hopeless or so overwhelming as to make our efforts meaningless. It will take time, energy and the dedication of a lot of us, but I sincerely believe that 10 years from now tremendous strides will have been made through the media to reduce the number of unwanted pregnancies in this country.

Thank you.

PREPARED STATEMENT OF DEBORAH LASKY, DIRECTOR OF THE CHILD DEVELOPMENT CENTER FOR INFANTS AND TODDLERS, NORTH ORANGE COUNTY YWCA

The Board of Directors and Staff of the North Orange County YWCA appreciate the opportunity to submit written testimony to the Select Committee, in conjunction with the Hearing on Children, Youth and Families in the Southwest held in Santa Ana, California, on December 7, 1983.

North Orange County YWCA is deeply concerned with problems of children, youth and families and offers direct services for all ages in an effort to meet some of these needs. The problems of family instability, economic insecurity and unemployment, lack of child care, inadequate child care, child abuse and neglect, and related concerns are well known to your committee. Because of the YWCA's commitment to serving community needs, we have joined other social agencies in trying to alleviate some of these problems and offer services in infant-toddler day care, individual and group counseling, and job training and placement.

The North Orange County YWCA Infant Toddler Center serves 30 children, which is our full capacity. Since its opening in January, 1980, a waiting list of well over 100 families has existed. Daily we must turn away at least three discouraged, troubled parents. As mentioned in other testimony, infant and toddler care in Orange County is extremely scarce and very difficult to find. We are greatly concerned that we are meeting such a small proportion of the tremendous need.

Parents without safe, nurturing care for their young children are affected in every area of their lives. They are usually unable to utilize job training opportunities or seek and maintain employment. They do not receive adequate health care or help in parenting skills and these and other pressures frequently result in disintegration of the family structure.

More than 50 percent of the children served at the North Orange County YWCA Infant Toddler Center are from single parent families, high school or teenage mothers and of parents who lack employment. In Orange County, 48 percent of the couples are divorced and 60 percent of these women work. This places a tremendous burden on the skilled and unskilled single parent attempting to seek training, school or employment and most importantly, secure child care.

As you have been made aware in previous testimony, the early childhood years are the most crucial years in human development. Infant toddler needs are on the increase in Orange County with regard to adequate child care and badly needed funding for food programs. At present, many children spend 9.5 hours per day in child care and receive inadequate nutrition at home.

Most children in the County require out of home care for 10 years. The number of after school programs in Orange County is inadequate to successfully serve the increasing need for programs which will supervise the Latch key children. And these children represent the greatest number on waiting lists.

We join with Child Care Advocates of Orange County and the National Association for the Education of Young Children in recommending: more child care spaces in Orange County; more school district programs and money for implementing them; broadened tax credits for employers with exemptions on taxes for child care; parent education programs; and programs offering supervision for Latch key children.

The YWCA of North Orange County Infant Toddler Center Staff and Board of Directors supports HR 401 and S 1531 to allow funding for public schools and nonprofit agencies which provide before and after school care for elementary age children. We support HR 4091 and S 1913 to restore reimbursement for five meals daily for child care food programs. We also support HR 4465 for child care tax credit to employers.

We appreciate the opportunity to share our perspective with the Select Committee on Children, Youth and Families and will support and participate in any forthcoming hearing.

Thank you.

NACE,
Costa Mesa, Calif., December 6, 1983.

To the Select Committee on Children, Youth and Families:

Recently, the American people received some very shocking and distressing news from the National Commission on Excellence in Education about a crisis in our public schools. This crisis was succinctly summarized in their report "A Nation At Risk: The Imperative for Educational Reform" when they stated: "We report to the American people that . . . the educational foundations of our society are presently being eroded by a rising tide of mediocrity that threatens our very future as a Nation and a people." We of the National Association of Christian Educators in the Public Schools (NACE) are concerned that the children of our nation receive the very best education possible in both academic and in moral and spiritual values. We commit our efforts toward the achievement of this ultimate goal.

History abounds with evidence toward the fact that not too long ago our public schools produced results that were the envy of the entire world. The causes for this tragic turn of events are complex. The cure is even more complicated, contrary to the NEA's main solution of simply pumping $11 billion into education. Our educational system used to work—now it doesn't. In order to correct the current conditions, it is paramount to first find out in what ways the previous successful system has been changed so that it is now a dismal failure. We of NACE believe that the major change is the philosophical ideologies that currently control the educational establishment. John Steinbacker in his forward to *The Source of the River of Pollution* (by Dr. Joseph Bean), stated that:

"America's early public school ideology came out of the great Christian church schools of the 19th century—Yale, Harvard, Princeton, Notre Dame, etc.—for nearly 100 years the influence of the Christian religion was undeniable in tax supported schools . . . Then something began to happen. Along came John Dewey, past president of The American Humanist Assoc., and he began to set into motion at Columbia University the wheels that would turn full circle in our own time, resulting in the public school system becoming the greatest instrument for the propagation of atheism and subversion ever known."

Dr. Bean, in his above mentioned book, went on to say:

"In 1905 our schools began to be used to bring the American population to accept a fully controlled economy. But in the thirties nearly every important educator in the country promoted the use of the school to re-direct our individualism and our free market into a collectivist economy. Relative morality was introduced into our schools in the thirties, growing to a crescendo in the fifties and sixties, producing beatniks, civil disobedience, hippies, drug abuse and alienation. In the forties, ground work was laid in developing the proposition that the population, once we reach complete national socialism, must be made content with the control . . . By now the chief concern of the schools is not to teach the child knowledge and skills, but to work on his psyche so that he fits the particular criteria."

This points to the two major changes in America's educational ideologies. They are (1) the direction of curriculum development and (2) curricula content. The foundation of these changes is found in the religious and philosophical ideologies of Scientific or Evoluntionary Humanism, which is taught under the guise of secularism, science and church/state separation. Enclosed with this testimony is a copy of the *Humanist Manifestos I and II* for further research at your convenience. Please note that among the signers are some of the most influential leaders of science, education, philosophy, sex education, and psychology, such as: Isaac Asimov, B. F. Skinner, Alan Guttmacher, Julian Huxler, John Dewey, Lester Kirkendall, Francis Crick, Sol Gordon, etc. Among the many tenets of Humanism are ". . . As nontheists, we begin with man not God, nature not diety . . . No diety will save us, we must save ourselves . . . the human species is an emergence from natural evolutionary forces . . . Ethics is autonomous and situational . . . Ethics stems from human need and interest . . . The right to birth control, abortion, and divorce should be recognized . . . sexual behavior between consenting adults . . . Moral education for children and adults is an important way of developing awareness and sexual maturity . . . It also includes a recognition of an individual's right to die with dignity, euthanasia, and the right to suicide . . . The separation of church and state are imperative . . . We deplore the division of humankind on nationalistic grounds . . . the best option is to . . . move toward the building of a world community . . ." All of these principles are now being taught in our public schools. The humanists admit it, also. In *The Humanist*, which is the official journal of the American Humanist Association (AHA), John Dunphy has published the following challenge:

"A viable alternative (to Christianity) must be sought. I am convinced that the battle for humankind's future must be waged and won in the public school classroom by teachers who correctly perceive their role as proselytizers of a new faith; a religion of humanity that recognizes and respects the spark of what theologians call divinity in every human being. These teachers must embody the same selfless, dedication as the most rabid fundamentalist preachers, for they will be ministers of another sort, utilizing a classroom instead of a pulpit to convey humanist values in whatever subject they teach, regardless of the educational level—preschool, day care or large university. The classroom must and will become an arena of conflict between the old and new—the rotting corpse *of Christianity*, together with all its adjacent evils and misery, and the *new faith of humanism*, resplendent in its promise of a world in which the never-realized Christian ideal of "Love thy Neighbor" will finally be achieved." ("A Religion For A New Age," *The Humanist*, Jan./Feb., 1983, p. 26).

And yet we hear repeated claims by the AHA, the NEA, and the ACLU that humanism is not taught in our schools. These groups hide behind their battle cry of separation of church and state. And yet, the U.S. Supreme Court has officially recognized humanism as a religion. In Torcaso v. Watkins (1961, 367 U.S. 488 p. 495) the U.S. Supreme Court stated:

"Among religions in this country which do not teach what would generally be considered a belief in the existence of God are Buddhism, Taoism, Ethical Culture, *Secular Humanism* and others."

The ACLU acts as the legal arm for the AHA. The ACLU files suit every chance it gets, in order to restrict (censor) the teaching of our American Heritage and Judeo-Christian morality and principles in our public schools. And yet, it defends

the teaching of humanistically oriented programs such as family life, values clarification, and sex education.

The issue of the *separation* of church and state is used as a smoke screen. This principle as pushed by the ACLU, the NEA, the AHA and dozens of other leftist groups is not found in the U.S. Constitution, the Bill of Rights nor the Declaration of Independence. In fact our research has thus far turned up only one constitution that contains this principle. I quote from the "Constitution (Fundamental Law) of the Union of Soviet Socialist Republics", (copy enclosed): "Article 124. In order to ensure to citizens freedom of conscience, the church in the U.S.S.R. is separated from the state, and the school from the church."

The ACLU's history is replete with connections to communism and the many communist organizations in the United States. (See the enclosed article "A Close Look at the 'American Civil Liberties Union' (ACLU)"). No wonder the ACLU has worked so hard to abolish the House Committee on Un-American Activities.

It is interesting to note that the U.S. Supreme Court in Everson v. Board of Education (1947) derived its "wall of separation between the church and state" definition from a private letter written by Thomas Jefferson in 1802. This statement was made 11 years *after* the 1st Amendment was ratified. In fact, Jefferson was serving as an Ambassador in Paris at the time that the 1st Amendment was written and ratified. In his enclosed article "Separation of Church and State: Historical Fact or Myth?", Rep. Wm. Graves of Oklahoma records that:

"Justice Joseph Story, described 'as perhaps the greatest scholar' ever to sit on the Supreme Court (1810-45), rejected as unhistorical the view that the state should be neutral against religious belief, but held that Christianity should be patronized by government. He said the real object of the First Amendment was not 'to countenance, much less to advance mohamentanism, or Judaism, or infidelity, by prostrating Christianity, but to exclude all rivalry among Christian sects, and to prevent any national ecclesiastical establishment, which should give to an hierarchy the exclusive patronage of the national government.' The great Chief Justice (1801-35) John Marshall, wrote that since the American people were entirely Christian 'It would be strange indeed, if with such a people, our institutions did not presuppose Christianity, & did not often refer to it, & exhibit relations with it.' The Supreme Court prior to Everson had in fact held that Christianity is a part of the common law, recommended Bible study in public education, and proclaimed that 'America is a Christian nation,' 'whose institutions presuppose a Supreme Being.' "

Another effective tactic used by secular humanists to accomplish their goals is accusing of opponents of censorship whenever curriculum or curricula content is objected to. Although these liberals say that they defend academic freedom, they are guilty of censorship. Take for examples their involvement in the battle against equal treatment on the study of origins, law suits that have all but eliminated the reciting of The Pledge of Allegiance, the elimination of traditional Christmas carols from school plays, suits against students gathering together for prayer of Bible studies on schools grounds, etc. A look at a few examples will clearly show that there is a great need for a close critical examination of what should be allowed into public school texts books and libraries before they are approved for school use.

". . . Everyone must develop his own set of principles to govern his own sexual behavior." SE-189, col. 2, par. 2, *Psychology For Living*, high school psychology.

". . . Your decision about using marijuana is important to you. You should be the one to make it . . ." SE-178, *Good Health For You*, grade 5 Health course.

"Go where you may and search where you will . . . Search out every wrong . . . Then you will agree with me that, for revolting barbarity and shameless hypocrisy, America has no rival." SE-88, *Many Peoples, One Nation*, grade 5 American History.

". . . a Hebrew *legend* tells how God created Adam by gathering dust from the four corners of the world . . ." SE-179 *Psychology for You*, high school psychology.

For more quotations from public school text books and library books, please refer to the enclosed pamphlets "Humanism in Textbooks (Secularism Religion in the Classroom)" and "X Rated Children's Books"

Sex education programs have been controversial for years and not without good reasons. The major objections are (again), course content and philosophical goals. The results of which are well documented and shocking. Planned Parenthood, which receives millions of dollars annually in government funding, is the source of sex education material. This material is blatantly humanistic in its advocacy of situational ethics, sexual liberation as well as free (state funded) contraceptives and abortions. From their pamphlet "So You Don't Want To Be A Sex Object" that is distributed to high schools, students read:

"Don't diddle around with sex. Decide how you feel about it, what you want from it, whether you want it and with whom, and then be honest about it. What kind are

you interested in? . . . Unless you and your partner are completely monogamous, have yourself checked regularly for VD. . . You can avoid the possibility of giving or getting by avoiding these kinds of relationships or by insisting that the man uses a condom. Don't expect the man to have a condom, you carry them."

In a report entitled, "Illegitimacy In The U.S. Prepared for the U.S. Commission on Population Growth and the American Future", Professor Philips Cutright, of Indiana University, detailed the failure of sex education and contraceptive programs to curb illegitimacy among teenagers:

"In these younger groups, we find no evidence that the programs reduced . . . . illegitimacy, because areas with weak programs or no programs at all experience smaller increases or larger declines than are found in (areas with strong contraceptive programs.) Venereal disease is actually found to increase among children exposed to these programs . . . The reason for these negative results is that the programs stimulate much higher rates of sexual activity among the children subject to them. Yet whenever the problems of teenage pregnancy are discussed, the only solution seems to be more of the same."

An article in the magazine *America* titled "Bringing the Sexual Revolution Home: Planned Parenthood's Five Year Plan" Feb. 1978, some very interesting insight is given to us.

"Planned Parenthood's youth activities amount to a positive encouragement of sexual activity among teenagers. Showering these young people with contraceptives and provocative literature results in a tremendous peer pressure that makes teenagers who do not engage in sex feel abnormal. Through these tactics Planned Parenthood is creating a demand for its own services."

America is in great need of a good definition of Morality. To be *moral* is to: "conform to generally accepted ideas of what is right (vs. wrong) and just (or fair) in human conduct." (Webster's Dictionary). America's heritage is the Judeo-Christian ethic. The secular humanist would ask "whose standard? Surely not some fundamentalist religious minority out to force their own religion and moral views on society! We are a secular pluralistic society." Whose standards should America live by—or any other nation, for that matter? In a poll (1982) of Americans, 97% said they believe that the Bible is the only "standard" and those 97% believe in God. But the secular humanist, represented by the ACLU, the NEA, and the AHA (+ 200 other far left atheist groups), all say NO! "The Christian view of morality is an antiquated myth. The only thing immoral in America is *morality*!

You might say: well, just so they don't teach our kids such rot! That would be nice. The trouble is, they do teach such views. A leading influence in the schools for the past 15 years has been teacher trainer and author of the (in)famous *"Values Clarification"* textbook taught in all our civics classes, is Sidney Simon. He said: "some changes are desperately needed. Schools can no longer be permitted to carry out such a horrendously effective program for drying up student's sense of their own sexual identity. The schools must not be allowed to continue fostering the immorality of morality. An entirely different set of values must be nourished."

The textbook *Values Clarification* was written to destroy all religious (Christian) values as myths of our out-of-step parents and churches. It teaches pure secular humanist doctrine. I have enclosed copy of "A Critique Of Values Clarification" for your further reference.

The goals of humanism are straight forward. Control the minds of children with left wing socialism (secular humanism) until you have established a "mind-set" for the nation. Then introduce a one-world religion and a one-world government which is state controlled with any opposition being branded "far right" fundamentalists who are "mentally ill". Incarceration for resocialization is the next step. Their goal for the 1980's is total destruction of religious liberty in America. They are well on their way. Closing every church; removing any mention of God from our school, government or media, except as a "factual myth" is a well thought out and executed goal.

In recent years, the "mental health" aspects of the anti-Christian forces have come out in the open with incredibly shocking statements, such as: Paul Brandwein, in the *Social Sciences* magazine said, "Any child who believes in God is mentally ill".

The humanist education materials are becoming more and more bold in this anti-Christian hate. Think how much differently a child would be treated if he were branded "mentally ill" for being a Christian. Ashley Montagu, a leading teacher educator, in his Anaheim address to 1000 Home Economics teachers said: "The American family structure produces mentally ill children." He felt that children must be broken away from the family, in order to be properly "resocialized" to our new soci-

ety. Even worse, Dr. Pierce of Harvard University, a leading U.S. teacher educator for NEA said, (in his book, *Education to Remold the Child)*

"Every child in America who enters school at the age of five is mentally ill because he comes to school with allegiance toward our elected officials, toward our founding fathers, toward our institutions, toward the preservation of this form of Government we have . . . patriotism, nationalism, sovereignty . . . All of that proves that the children are sick, because the truly well individual is one who has rejected all of those things and is what I would call the true international child of the future."

The National Training Laboratories, run by the NEA, explains the use of psychiatric methods on children who are mentally well: "Although they appear to behave appropriately and seem normal by most cultural standards, they may actually be in need of mental health care, in order to help them change, adapt and conform to the planned society in which there will be no conflict of attitudes or beliefs." (*Issues in Training*)

Our goal is "behavior change", the NEA states, Dr. John Goodland (former NEA president) said, "the majority of our youth still hold to the values of their parents and if we do not alter this pattern, if we do not resocialize ourselves to accept change, our society may decay". This is only a very brief examination of a very complex problem. Attached, is a list of changes that NACE feels is imperative to impliment in order to start the process of turning our public schools into the successful institution it once was.

If we can be of any further assistance, we are at your service.

This week Dr. Robert Simonds, the founder and president of The National Assocaition of Christian Educators in Public Schools, as an appointed member of the National Commission on Excellence in Education, is in Indiana.

Sincerely yours,

STEPHEN JOHN ROSSITTO.

SOME THINGS NACE WOULD LIKE TO SEE CHANGED IN OUR PUBLIC SCHOOLS

1. Filthy or pornographic materials or language in our textbooks is inappropriate—has no educational value—and should be removed from all textbooks.
2. All required reading materials should be wholesome without undue emphasis on sex, sexuality or children's rights over their parents (Example: "How to Sue Your Parents for Malpractice"). It teaches sex experimentation to 5th and 6th graders and has an overemphasis on child's rights, creating a rebellious attitude toward parents.
3. All reading should be taught by the proven method of *phonics*—not "looksay", which was designed to be taught to children who were deaf mutes.
4. History textbooks must be written honestly and objectively, not slanted to one's social or political ideology; Modern U.S. History books are politically tainted and twisted—often becoming anti-American in persuasion.
5. Christianity must be shown in a positive light and not discriminated against. Anything or anyone that teaches a no-God viewpoint must removed from the classroom.
6. All teachings of the religion of secular humanism must be removed from our textbooks and oral teachings.
7. Teacher training must be kept from teacher-union (such as NEA) control. All teacher training materials must be open to public scrutiny.
8. The teaching of anti-democratic principles, such as the supriority of socialism in secular humanism, must be stopped.
9. Religious values with our Judeo-Christian moral value system of our founders must be taught as our American Heritage.
10. Permissive sex education courses, which encourage youth to experiment with sex; and planned parenthood which teaches that abortion is not murder, but a right, must be totally removed from our schools in K-12.
11. The fear campaigns of NEA against innocent children, on such subjects as nuclear war, are politically motivated and psychologically damaging to young children, and must be stopped.
12. Discrimination against Christian teachers, in hiring or dismissal actions must be stopped.
13. Character Education curriculum as produced by the American Institute for Character Education should be encouraged for adoption in all public schools.
14. All teachers found to be teaching anything that would destroy children's faith in God should be reassigned to non-teaching jobs.

15. Creation Science should be taught with evolution as a two-model curriculum on origins.

PREPARED STATEMENT OF ADAM SELIGMAN, DIRECTOR-AT-LARGE, NATIONAL ORGANIZATION FOR RARE DISORDERS

I'm here today to speak as a representative for the millions of Americans who suffer from rare diseases. While there are an estimated 4,000 disorders that are considered rare, it is impossible to give an estimate of how many people are afflicted, due to the lack of research in these disorders. A ballpark estimate of how many people have rare disorders in this country would be between ten and thirty million. This is a population larger than that of most states, yet is probably the most ignored minority. Up until this decade, many of us have been unknown, but probably every person in this room knows someone with a rare disorder. It is time for the Government to listen to us.

I have Tourette Syndrome, a neurological disorder characterized by tics and involuntary vocalizations. T.S. is not life threatening, but it is a killer of the spirit. I first developed Tourette Syndrome when I was seven. I was not diagnosed until the age of fourteen. During this period I was expelled from a public school because the teachers felt I was probably psychotic, since there was no other explanation for my behavior. I was accepted by a school for the learning disabled, with a very high tuition. I had a yearly battle to receive funding from my school district. I had a two year fight to become eligible for Social Security Disability, and was the first person in California to receive it for Tourette Syndrome since T.S. is not listed in the Social Security Administration's "Medical Criteria Listing." I am currently considered untreatable, largely because no drug company is willing to do research needed by the one hundred thousand victims of Tourette Syndrome in this country. At the age of twenty-one I have already fought two discrimination suits, and won, and can look forward to more if the current level of apathy by the general public is maintained.

My story isn't very unusual: Most people with a rare disorder have similar, if not worse, stories to share. I think there are three central problem areas that we all share in common.

The first, and the most crucial, is getting a diagnosis and once having been diagnosed, finding a doctor knowledgeable enough to treat your disorder. Medical schools have become factories towards training doctors in how to treat the most common diseases. With this attitude dominant throughout the health field as a whole, it is no wonder the medical students rarely learn about disorders of low incidence. Tourette Syndrome, narcolepsy or Wilson's Disease may be presented as an "interesting" oddity, but few doctors are actually trained in diagnosing these disorders. Even when a doctor can diagnose these conditions, he may have no idea of how to treat it, or what support groups exist that may help the patient survive. Over 80% of Tourette Syndrome patients are self-diagnosed through the media, and we are a well known disorder, compared to many other rare disorders.

The second problem area is what happens once the patient is diagnosed. The hassle, intolerance, and incompetence of Government agencies is often worse then the disorder itself. My getting expelled from public school is a classic example. The Education for all Handicapped Children Act, PL 94-142, required the school to make the attempt to give me an education equal to my peers. Instead, they simply kicked me out of the system, then made it a nightmare to receive the funds to which I was legally entitled. This type of violation is rampant in the Federal and State Governments. The very fact that there is no consistency from one agency to another as to what disorders are defined as disabling is a large part of the problem. Even worse is the lack of consistency from one state to the next. If a child with Dystropic Epidermolysis Bullosa receives Medicare in Utah, a child with the same disorder in Nevada may be denied aid. The Federal agencies have never heard of the bulk of rare disorders, and their attitude is that they don't want to know. We present a problem that doesn't fit into their paperwork, and they punish us accordingly.

The third problem is the cost of treatment to both the victims of rare disorders, and their families. The average maintenance costs for a child or adult with Cystic Fibrosis is $12,000.00 a year. This is not including hospital visits or other emergencies. The patient requires daily therapy, so either full time nursing is required, or one parent cannot work in order to care for the child. If the child survives to become an adult, he may not be able to get private insurance, due to the severity of the disease. At the same time the person may not qualify for public assistance, because the bulk of his medical expenses are preventative, and the patient doesn't fit

the definition of disabled. Denied aid on the grounds that he is too sick on the one hand, and denied aid because he isn't sick enough on the other, the Cystic Fibrosis patient still has enormous bills to pay, and little to look forward to except an early death from the most common genetic killer in the country. This situation is common to many rare disorders.

I think there is a strong need for some kind of catastrophic medical relief plan, similar to federal relief for victims of natural disasters. Up to now, those of us who suffer from chronic rate disorders have fallen through the cracks, denied aid from both the public and private sectors, with high medical bills that will persist for our lifetime. A system must be developed that will help families, not punish them, because their child has a chronic illness.

There is a final point I would like to make, that covers all of the problems discussed before, and expands upon them. This is the problem of the "Disease of the Month" club, which is typical federal response to the treatment and cure of diseases in this country. The Disease of the Month is the disease that receives a certain amount of press attention, or that affects the child of a politician. Suddenly millions of dollars are diverted from already existing research programs and spent on one disease in an orgy of publicity getting research. Once the fuss dies down, the research is never heard of again. The research rarely accomplishes anything of value, and causes damage by fostering the misconception that the disease is no longer a problem. This month the disease of the month is AIDS. Before that it was Herpes, or Toxic Shock Syndrome. Instead of bowing down to pressure groups, or playing favorites with the media, what is needed is a more realistic system of awarding research priorities for hopelessly understudied diseases. There are more than 4,000 disorders that the private sector has no interest in, due to the small size of their populations and consequent lack of profitability. The Federal Government seems content to follow this example, except when under pressure. The end result of this policy is that millions of people will spend a lifetime in pain, living on inadequate disability, SSI or welfare checks with no hope for the future because they had the misfortune to be afflicted with the wrong disease. We have to stop treating health issues as political issues, and realize that all Americans are affected, not just members of competing ideologies. This issue could be one of the most important facing families in this country right now, for the mere fact that a civilized society can not afford to have ten percent of its population disabled just because no one gives a damn.

PREPARED STATEMENT OF CAROLE SHAUFFER AND ALICE SHOTTON, STAFF ATTORNEYS, YOUTH LAW CENTER, SAN FRANCISCO, CALIF.

The Youth Law Center is a non-profit public interest law firm representing children involved with the juvenile justice and foster care systems. Attorneys from the Center are involved in litigation in several states challenging conditions of confinement for juveniles in jails, detention centers and training schools. Staff also provide training and technical assistance to private and governmental agencies on issues concerning juvenile justice and permanency planning for children in foster care.

One part of the Youth Law Center's foster care project has been to study the implementation of Public Law 96-272, the Adoption Assistance and Child Welfare Act, in the western states in general and California in particular. Staff attorneys have visited several counties in California and interviewed attorneys, social workers, service providers, and judges to obtain their perspectives on the effects of this law and California's implementing statute (S.B. 14) on children in-care.[1]

On the basis of our interviews we conclude that passage of the federal and state laws has resulted in improvement in the foster care system. Almost everyone was aware of the general provisions of the state law and many individuals also were aware of the requirements of the federal law. The notable exception to this was biological parents who, in many cases, were not aware that the law had been changed and equally unaware of their rights under the new laws.

In particular we found a new awareness of the importance of both preventive services and other efforts to avoid removal of children from their families and the need for permanency in children's lives. Foster parents, advocates, judges, social workers and providers all commented on new requirements that make removal from homes more difficult and mandate quick return to the biological family. In addition, members of all of these groups were aware, at least theoretically, that the move-

[1] In our study of implementation of the federal act and this disussion of our findings, we have analyzed implementation of both the federal and state statutes.

ment to achieve permanency may require termination of parental rights after a shorter period of time.

We found that these legal requirements were not only recognized but being implemented by several courts and some social service systems. Efforts were made, particularly on behalf of younger children, to provide permanent homes either by returning children to their families or by finding adoptive placements. In addition, almost all communities were making some outreach efforts for hard to place children.

Nevertheless, despite these improvements, we believe there is still much to be accomplished if the goals of the Adoption Assistance and Child Welfare Act are to be met. We have identified several specific problems that appear to be common to many of the systems we observed.

First: Judges, advocates, social workers and service providers all complained about a lack of funding for preventive and reunification services. This may be the result of inadequate overall funding levels or may result from inappropriate use of funding. In some areas, foster care is still the first alternative. Since foster care placement is so expensive, little money is left over to provide preventive services that could have avoided the placement.

In addition, some groups are completely deprived of the most basic services. For example, in one county where the proportion of non-English speaking children in foster care was very high, there was a waiting list of several months for non-English speaking parent counseling services. In many counties, a lack of housing is a serious problem and departments are unable to provide funding for first and last months' rent. Even adequate casework services are unavailable.

Despite the implementation of the reasonable efforts requirement in October of 1983,[2] most judges are not reviewing cases independently to determine what efforts have or could have been made to maintain the child in the home. This reluctance on the part of judges is largely due to their feeling that, because departments of social services do not have adequate funding to provide services, imposing a reasonable efforts requirement would be meaningless. Thus the lack of adequate funding for services frustrates the intent of the law.

Second: Social workers in most departments have extremely high caseloads which make it impossible for them to provide services to families. These overloads also endanger the lives and health of children in foster care by making it impossible for workers to monitor the quality of care provided to them. In some instances children have been sexually or physically abused by the foster parents without the knowledge of the social worker because of the worker's inability to make regular visits to the foster home. In addition, caseworker overloads result in unnecessary changes in foster home placements. Foster parents who could keep a problem child if they were given counseling and emotional support request that the child be removed because no such support is forthcoming. Without adequate caseworker services, the likelihood of a child returning home pending an appropriate permanent placement is also greatly reduced. Therefore case overloads greatly defeat efforts toward permanency planning.

Third: In many counties, court systems are overloaded. As a result, instead of monitoring the performance of Department of the Social Services, court hearings often merely give a rubber stamp to decisions made by overworked social workers. On one day in Los Angeles we observed approximately 35–40 detention hearings in one court. Each hearing took between two and five minutes. Under the circumstances, the court had little or no alternative but to agree with Department of Social Services' recommendations.

Fourth: Because of court overloads, six-month reviews mandated by both state and federal law are in many situations ineffective. These reviews, which are designed to provide a forum for children, biological parents, foster parents, and other interested individuals, usually take the form of a paper review. Participation is discouraged because it interferes with the efficient running of the court system. So, although all counties are technically complying with the six-month review requirement, as it is conducted, this review is usually of little benefit to children or their families.

Fifth: Permanency planning hearings are inadequate. Both state and federal law require permanency planning hearings for every child in foster care at the conclusion of a 12-month (state law) or 18-month (federal law) period. Most courts did not hold any permanency planning hearings until August or September of 1983. Because of the tremendous backlog of cases that have been in the system for over one

[2] The reasonable efforts requirement mandates that judges determine that reasonable efforts have been made to avoid out-of-home placement prior to removal of a child from the home.

year, some judges held over 500 hearings in one month. Again, as in the case of the six-month reviews, these hearings were little more than a rubber stamp for Department of Social Services' decisions. Full hearings were held only when the biological parents or other concerned individuals retained or requested appointed counsel.

In the vast majority of cases, children had no adult who was able to represent their interest, and permanency planning hearings were either a paper review or an oral review lasting only a few minutes. Ironically, it is in this very situtation where there is no concerned adult that a permanency planning is most needed and the court's attention most helpful. For almost all of the adolescents or hard-to-place children, courts decided on long-term foster care as the permanent plan. These results are in clear contrast to the intent of both federal and state law which was to ensure a permanent home for every hard-to-place child.

Sixth: At all stages there is a lack of participation by the child (or his or her advocate), the foster parent and the biological parent. In some counties, while parents are given written notice of permanency planning and review hearings, they are orally discouraged from attending if they "agree with the Department's recommenations." This makes it impossible for the court to observe first-hand a situation on which it is ruling. In other counties, the notification to parents is either not sent at all or sent in a form that is incomprehensible to them. We did not observe any county in which parents were affirmatively encouraged to attend hearings and the importance of these hearings was stressed.

A similar situation exists for foster parents who are often the adults who know most about the child's immediate and long-term needs. Some foster parents fear that the Department will retaliate against them by failing to place foster children in their homes if they attend hearings and speak out against Departmental recommendations. Others find it difficult to obtain transportation and child care. Still others complain that attorneys did not request their imput about the foster child.

Finally, children are extremely underrepresented in all of these hearings. In most counties, the attorney who represents the Social Services Department also functions as the child's attorney. It is rare that a child has an appointed attorney. A child whose desires conflict with the recommendations of the Department never has a chance to be heard. More importantly, a child who is not receiving adequate services from the Social Service Department cannot make these problems known to the court.

Some counties have dealt with this situation by establishing a guardian ad litem or court-appointed special advocate [CASA] program. In these programs private individuals, usually not attorneys, are appointed to investigate the child's case fully and present recommendations to the court. Unfortunately, these programs are privately funded and very small in scope so that they serve only a tiny fraction of children in care.

Because of under-representation by biological parents, foster parents and children, court hearings often become a dialogue between only the Department of Social Services and the court, with judges receiving only a biased or one-sided picture of the child s problem.

Seventh: There are serious problems in the quality of care for children in foster care. While some counties offer limited training programs to foster parents, none required full, adequate training prior to certification of a foster parent. As one foster parent indicated, the Department looks very hard at physical qualifications of the house but does not investigate psychological or intellectual qualifications of the foster parent. This problem becomes extremely serious when the foster child is physically or psychologically disabled (special needs). In the counties we visited, special needs foster parents are compensated at a higher rate than regular foster parents but have no particular qualifications, training, experience or knowledge that enables them to deal with these special needs children. As a result, some children in foster care receive poorer quality care then they would in their biological parents' home.

Eighth: Counties do not adequately address the "special needs" child. As noted above, little or no training is required or available for special needs foster parents. In addition, outreach efforts for adoption of special needs children, particularly adolescents, are not adequate. In many counties, Departments appear to be reluctant to fully use the adoption subsidy program to locate adoptive homes. These departments do not encourage individuals who inquire about the adoption subsidy or inform potential adoptive parents of the adoption subsidy. Foster parents and relatives whose only obstacle to adopting is financial are most seriously affected by this practice.

Finally: County departments have failed to develop or publicize the due process procedures required under federal law. None of the foster or biological parents we interviewed knew about procedures available to them to contest denials of visitation

or other benefits, or the refusal to place foster children in their care. Many foster parents indicated their fear of using such procedures if they were available because of possible retaliation by social workers or department officials. One county did have an ombudsman for foster parents, but that person only dealt with problems of the foster parents and not with those of children in-care.

Even the social workers we spoke with were uncertain as to what due process procedures were available to parents or children when benefits such as visitation and communication were denied. In one department we receive several different answers about the appropriate procedure to follow. Unless these procedures are well-publicized and straightforward they are essentially meaningless.

As a result of our observations we make the following recommendations:

First: Higher levels of funding must be provided for preventive and reunification services. This could be accomplished by either reallocating funds now available for foster care maintenance payments or raising the overall level of funding services. We believe that both are probably necessary and that, at least initially, there should be a higher investment of funds on the federal, state and county levels in services to keep families intact.

Second: We believe that training on the provisions of Public Law 96-272 and related state laws should be provided to social workers, foster parents, attorneys, judges, and biological parents. Although there was a high level of awareness of the existence of the new law, there was also confusion about what it meant. In many cases, a lack of understanding of the philosophy and intent of the law was a barrier to its full enforcement. For example, we believe that judges would be more likely to hold full six-month reviews and permanency planning hearings if they understood their purpose more clearly. We strongly recommend that the federal government, and specifically HHS, take the lead in providing training to departments, judges, and consumers in foster care.

Foster children also have a limited awareness of the operation of the foster care system and some form of training should be provided to them. For example, the Los Angeles Guardian Ad Litem Project has developed a video tape on the foster care system which is to be shown to children who are waiting for court. This and similar efforts should be supported.

Third: Child advocacy organizations, particularly those providing direct services in the form of representation of children in dependency proceedings, should be developed and funded. Guardian ad litem projects and CASA projects are also crucial to the operation of the system as it now functions. Serious consideration should be given to providing each child in care with an attorney or a guardian ad litem. Unfortunately, several projects that provide this service have recently lost federal support and are going out of operation.

Fourth: The provisions of Public Law 96-272 should be more strictly enforced. This means that federal reviews should be adequate to ensure more than mere technical compliance. For example, in monitoring the permanancy planning requirement, HHS auditors should look at the quality of the permanency planning hearing. This should include verifying what parties were present, which parties were represented by counsel, and the length of the hearing. Merely noting on the chart that a permanency planning hearing was completed does not achieve the ends of the law and is ultimately counter-productive.

Similarly, the requirements that a due process system be in place should be strictly enforced and states should be required to distribute information about that due process system to all consumers and service providers. More detailed implementing regulations may be necessary to achieve this end.

In conclusion, we believe that the passage of P.L. 96-272 and California's SB 14 is a good first step to achieving permanency for children. However, the law must be fully funded and, judges, social workers and service providers must make a commitment to its goals. Training, enforcement, and meaningful participation by everyone involved in the foster care system is critical to the success of foster care reform.

PREPARED STATEMENT OF JACQUELINE M. SHOHET, PH.D., EDUCATION PSYCHOLOGIST, GARDEN GROVE, CALIF.

Education today suffers most of all from the lack of clear messages as to what the schools are supposed to be doing and criticism because they aren't doing it. Although there is agreement that schools are supposed to create a literate population who can enter the labor force as happy, useful, and productive citizens, this directive is more a goal statement than a measurable objective. To evaluate any enterprise requires a structure for measurement of its effectiveness based upon outcomes.

Also there needs to be consideration as to how much expenditure of finances, resources, and personnel will be required and provided to achieve the stated objectives.

Schools are the only institution in our country which receives and interacts with almost every member of the next generation. The children, our future "products" represent the families of our nation—their talents, their differences and similarities, and their miseries. There is ample testimony as to the changes in present family structure, family attitudes, family ethics and folkways, and subsequent changes in family emotional and physical health. In the United States we pride ourselves on tolerance and acceptance of the diversity of our people who come to us from every land and culture throughout the world. We witness changing social patterns associated with the integration . . . those which revitalize our nation and those which threaten our lives.

Commensurate with our dedication to Constitutional ideals is awe that we dare not invade the sanctity of families and homes just because they are unusual or different. Our spirit of independence guarantees each of us a broad spectrum of privacy. Only when society perceives a threat to the well being or safety of the group as a whole it dares to restrict individual freedom.

Our republican form of government depends upon an educated population to fulfill its ideals and practices. It follows then that all children who can profit from education shall have it provided for them, unconditionally, without regard for family wealth, race, religion, language background, or any other factors of difference, including physical, mental, or emotional handicaps.

Although we do not bar any children because of their differences, somehow we overlook the ramification of this diversity when we evaluate whether our schools are effective. We ask a single question, "Are test scores higher?" without asking for whom? Is there any clear directive from society as to what schools are to do with children who are too hungry to listen? Does society tell educators how to teach the child who has had no sleep because his parents were fighting all night until neighbors called the police? Add other factors of child abuse, alcohol and drug abuse and the children who have parents so beset by economic stress that they do not attend to the needs of their children certainly not to their school progress. If these and other exceptions to the "Ozzie and Harriet" ideal of American family life were added together one may estimate that such children would comprise at least 30 per cent of the school population today.

In general, institutions change more slowly than society. This factor has been identified as the manner in which human beings keep continuity with their history so that social change is gradual and less chaotic. As social institutions, schools also change slowly so that educational procedures and practices are probably as good as they ever were. The conflict in education today arises because of this. The educational institutions cannot respond to the diverse and changing needs presented by the present school population without directives from society. The schools have little independence to act except when permitted to do so by legislation and funding.

Rather than goading the schools into practices which school staff sees as ridiculous because staff does recognize and is sensitive to the needs of the children, society and their legislators need to set objectives with educators and families in each community with consensus on how much funding can be invested to achieve the objectives. Let us agree as to how the schools can serve and to what extent . . . and in relationship to the objectives to be achieved. Let the community and other social institutions accept responsibility for providing for the needs of children unrelated to education.

For example, should schools feed hungry children, care for children when parents are not at home until night or out all night, provide medical, dental, nursing, psychological services for emotionally ill? Yesterday schools focused on teaching reading, writing, and arithmetic. Today, communities press the schools to provide services previously provided by parents or community institutions. Such additional functions demanded from the schools requires additional staff, facilities, resources, and funding. But without clear mandate, rather usually by community default, the nation's schools have inherited these and other responsibilities no other institution will accept.

Probably there are no schools in the United States who are not trying to do their best to continue to teach basic academic skills. What has changed is the children who are to be taught and the families with whom they live. And this is not to imply that all the changes are negative. Most of our young people are curious, independent and eager for learning and action. But they are different as each generation is different and they respond in new ways to instruction.

If we are committed to improving educational standards for all children, then we need to consider which auxiliary programs we will need to introduce to serve the ever widening differences among the children. More homework will not keep all children learning in school especially those youngsters who have no place at home to do it. For many young people raising standards drives them out of school. Years ago children who did not do well in school dropped out and found employment. Now there are few jobs that do not require a high school diploma. Without entry into employment the majority of our dropouts go on welfare or into crime to support themselves. The escalating costs of criminal activity might be reduced by providing programs that keep these young people in school. Today our dropout prevention programs are not very effective, are understaffed, and fail to reach all of these youngsters.

Realistically, we can provide only as many programs as we can fund. The schools will never be able to meet the needs of every child. But if society spells out directives in measureable objectives to serve specified populations, at least the end results of the schools' endeavors can be evaluated to determine what is working and effective.

In a morning newspaper recently was an article that described the falsification of test scores by a school in a small community of Orange County. Someone at the school, purportedly, had spent up to 40 hours erasing the childrens' responses on an achievement test and correcting them in an attempt to show that their school had achieved great gains in academic skills. Without excusing the deed it may have come about because of pressure and expectations from society that the school do what it could not do with its limited resources and divergent talents among its children. And so someone tried to make the impossible happen . . . by cheating on the test results of the children.

If the characteristics and needs of children within a school are identified educational programs can be developed within the financial capability of the community to improve the learning of children. To an extent some programs are already in place—day care centers, school lunch, counseling, and vocational education. What is lacking is clear consensus in each community as to what it expects the schools to do for the children who live there. The community has little understanding of what monies it needs to provide for what programs and families within the communities do not participate actively in the development of objectives to be carried out by the schools in educating their children. Lack of participation has contributed to building an atmosphere of criticism and suspicion within the community with regard to schools and their practices. When families in the community know school staff, see for themselves what and how their children are taught, and have access to records, confidence has a chance to build. At present however, families are apparently so stressed that they do not visit schools; conserted efforts by staff result in visitations by less than 10 per cent of the families. Educators, legislators, and community institutions need to encourage and take an active role in the development of objectives through community participation followed by writing of proposals for funding of programs which the community has identified as necessary. . . . Mrs. Smith, mother, needs to know that her child is failing arithmetic because he has no one to help him at home, nor has he a quiet place to study in her 3-room apartment when brothers and sisters are playing while Mrs. Smith is at work. Mrs. Smith may need to request that her child receive tutoring after school with day care for the younger children if her son is to learn arithmetic. The community where Mrs. Smith lives needs to be aware of her problem to decide if her child is to be allowed to fail or whether funds can be provided for a tutor and day care. The community needs to decide what it is willing to spend to keep its children in school and healthy enough to learn. The community also needs to be involved in administrator-staff selection for schools to be able to be supportive of the tax monies allocated to pay salaries.

Let us begin with the premise that all is not lost, that schools are indeed doing the best they can but that we need government to provide a framework that facilitates the development of measurable objectives based on the realities of each community's circumstances. We can no longer wait for resolution of issues arising from conflicts between our nation's guarantee of equal educational opportunity for all children when social changes now impact upon children to such an extent that they cannot learn in educational programs designed to serve the needs of their parents and grandparents.

PREPARED STATEMENT OF MARY L. YUNT, SECRETARY TREASURER, ORANGE COUNTY CENTRAL LABOR COUNCIL, AFL–CIO

The current unemployment rate in Orange County is about 5.2%.[1] Expressed as a percentage, unemployment in Orange County does not appear to be a major problem. But that 5.2% represents about 63,300 people who are out of work. A year ago there were more—98,100 without jobs. Then and today, there are many, many people who would like to be working, but are not.

Psychologists and medical experts agree that when there are a lot of people unemployed, there are increases in alcoholism, divorce, wife beating, child abuse, crime, illness, and even suicide.[2] In Orange County last year we were able to document some of these increases. The number of reported child abuse cases jumped dramatically. Admissions to the Albert Sitton Home, a foster youth home in the county, increased 24%. Local social service agencies reported twice as many requests for emergency funds, food and shelter as in past years.[3]

When people are out of work, they delay medical care until there is an emergency or until times are better. In the first ten months of 1982, hospital patient days decreased by 1.7% in Orange County. Outpatient and emergency room visits to county hospitals were down 2.2% in the same time.[4]

Unemployment hits both union represented and non-represented workers and their families. We at the Central Labor Council recognize the opportunity and responsibility for helping those who are unemployed, especially those unemployed who are members of affiliated unions. In the last two years, we have initiated several programs to respond to the special needs of our unemployed members. In large part, we started these programs because existing government and private programs did not meet these needs.

Among the programs we started are:

A food distribution program.—Many people who are newly unemployed are not eligible for welfare benefits. And, many who find themselves in this position are not used to having to ask for assistance. We started a food collection and distribution program to provide food to those who need it—no questions asked. We are now working to establish an arrangement with St. Vincent De Paul, under which we can purchase food at below market prices and distribute it free-of-charge to those who need it.

The Language and Assessment Center, Santa Ana.—Between 1980 and 1982, 72 Orange County businesses closed operations displacing 8,300 workers. These businesses did not offer to retrain or otherwise help employees to find new jobs. A union representative was assigned to the Santa Ana College Language and Assessment Center to help unemployed union members retrain themselves to find new jobs.

Counselling services.—The United Way of Orange County Labor Liaison Office set up a referral system to direct the unemployed to existing sources of government and private assistance for food, shelter, medical care and emergency funds. These services continue today.

After many of our union members had been out of work for over a year, we began to recognize the psychological effects of long-term unemployment. We initiated counselling programs to address these intangible effects. In seminars, professionals tried to help unemployed workers overcome feelings of guilt, anger, and frustration, which often resulted in illness, fatigue, insomnia, and violence.

The Central Labor Council of Orange County worked with affiliated local unions to inititate these various programs because the need for assistance was not being met. We believe that the Federal Government is in a position to help meet these needs. Congress should work to allocate greater funds to existing programs for food distribution, retraining, and other assistance. Special emphasis should be placed on reaching out to help those who may never have received any type of Government assistance. Many of these people are caught between programs and are not eligible for the assistance that they need to get back on their feet and find work again.

Congress should also work to improve coordination among existing programs—both Government and private assistance programs. When resources are allocated for these purposes, they should be used wisely and to create a total assistance package.

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[1] Employment Development Department, 1001 S. Grand, Santa Ana, CA; Contact: Alta Yetter.
[2] "Jobless: The Effect is Emotional as Well," *Los Angeles Times*, October 21, 1982.
[3] "An Affluent County Feels the Painful Pinch on Jobs," *The Register*, November 28, 1982.
[4] "With the Loss of Work, Insurance Benefit Package Also Goes," *The Register*, November 30, 1982.

I would like to thank the Select Committee on Children, Youth and Families for this opportunity to comment on the effects of unemployment. Thank you also for your interest and concern. Together, let's work to find solutions.

PREPARED STATEMENT OF TWINLINE, HEALTH EDUCATION PROJECT, FUNDED BY CALIFORNIA STATE DEPARTMENT OF HEALTH SERVICES

Multiple birth families—those families whose members include twins, triplets or more—are a scattered, invisible and needy population in this country. Twins cross all racial, ethnic and socio-economic boundaries; they are born to both the teenage parent and the mature parent; to the professional mother and to the mother on assistance.

Twins and other multiples comprise 2% of the United States population, or 5,000,000 people. In California, 9,000 new sets of twins are born each year. With the exception of Twinline and Mothers of Twins Clubs, services to these 5 million twins—and their parents—are virtually non-existent.

Twinline is a California-based parent support service for families with twins or more. Our goal is to help families cope with the unique stresses of caring for multiple birth children. In 1981 the California State Department of Health Services designated Twinline, a demonstration project for the development of services to multiple birth families, and a plan for a statewide network to deliver these services. Our services are available to parents from the time multiples are diagnosed through the childrearing years, as well as to the professionals who serve them.

The following statement of need is based on four years' experience in developing and delivering a variety of direct services to multiple birth families in the San Francisco Bay Area and providing written materials and consultation throughout the state of California, the United States and Canada. At the heart of Twinline's services are our Warmline, a pre-crisis phone for support and referral which is staffed 12 hours a week; and information leaflets about twin care and development made available by mail, free, to anyone. Our Warmline averages 100 contacts a month for an average of 20 minutes per call. The majority of our callers are Bay Area residents, but we receive several calls a month from Southern California and states as far away as New York. Our free written materials are circulated as fast as we can produce them. In FY 82-83 over 6,000 were distributed throughout the U.S. and Canada. See Appendix A for further information regarding Twinline services.

TWIN DEVELOPMENT: A GAP IN THE LITERATURE

The tremendous gaps in research about twin development handicap our efforts to generate information which will help parents understand and cope wisely with the needs of their multiple birth children. Although twins have been used as tools in genetic and biomedical research since 1890, relatively little is known about the characteristics of twin development per se. Frequently the only sources of information on a twin phenomenon are the anecdotal reports of experienced twin parents. An example is the "twin biting twin" phenomenon which commonly affects toddler twins and may last for several months. No research exists on the subject. Anecdotal evidence suggests that in most cases twins outgrow this stage on their own no matter what parents do or don't do to stop it. However, parents whose babies are biting each other's arms black and blue want to know more. "How long will this last? When should we intervene? How can we stop it? What can we tell the pediatrician who believes this is a sign of severe disturbance? What can we say to the neighbors who are beginning to suspect we are child abusers?" Twinline answers questions like these with the best information available, including whatever facts research has contributed on a topic and the cumulative wisdom of our experienced parent clients. However we look forward to the day when researchers make a concerted effort to investigate the characteristics of twin development so that parents of twins and the professionals who serve them will have as much information available to them to help with their doubly difficult task as do parents of children born singly.

Along with a lack of information, twin families suffer from a variety of unique stresses.

THE STRESSES OF PLURAL PREGNANCY AND BIRTH

A plural pregnancy is routinely classified as medically high risk. This means the process of carrying and delivering multiples can be life-threatening to all involved. The difficulties of diagnosing plural pregnancy all too often result in non-diagnosis—causing surprise for the doctor, shock for the parents and fetal distress in the

infants. The state of shock which for many begins with the moment of multiple birth, is a continuing state through the early weeks—months—years of multiple parenting.

The effects of "twinshock", as the Japanese have named this experience can be permanently damaging to the health of the multiples, the mother, and the entire family. Studies find higher rates of alcohol and drug abuse among twin mothers; higher rates of child abuse in twin families; and a greater incidence of marital discord. Among the well-documented stresses endured by families of multiples are the following:

Plural pregnancy frequently results in maternal illness and fetal distress.

Plural pregnancy management sometimes requires complete bedrest of the mother for several weeks or even months.

Plural pregnancies are not always diagnosed prior to delivery: 25% of Twinline survey respondents had no notice prior to delivery, and over 50% had less than 2 months notice.

The perinatal mortality rate for plural pregnancy is significantly higher than for single pregnancy: 3.5 times greater in Caucasians, 6.5 times greater among other racial groups.

Multiple births occur at a high rate of prematurity: over 60% of multiples are born prematurely or below five and one-half pounds. Many premature babies have ongoing medical complications and developmental delays.

Birth defects occur at a rate of 18% higher in multiples than in singletons.

STATISTICAL REFERENCES

Hawrylshyn, P.A., Barkin, M., Bernstein, A., and Papsin, F.R. (1982). Twin Pregnancies—A Continuing Perinatal Challenge. Obstetrics and Gynecology 59: 436, April.

Keith, L., Ellis, R., Berger, G., Depp, R. The Northwestern University Multi-Hospital Twin Study, a description of 588 twin pregnancies and associated pregnancy loss, 1971-1975. American Journal of Obstetrics and Gynecology 138: 781, December, 1980.

Persson, P.H., Grennert, L. (1979). Towards a normalization of the outcome of twin pregnancy. Acta Genet Med Gemellol 28: 341-346.

Selıgal, N.N. (1980). Perinatal mortality in twin pregnancies, implications for clinical management. PG Med 68: November.

THE STRESSES OF TWIN REARING

By the time the twin arrives, presuming s/he has survived the pregnancy and birth, the family has most likely experienced severe emotional, physical and financial stress—especially if the multiple birth came as a surprise. Here is what this family now goes home to face:

Infant multiples often require weeks or months of intensive care in hospital.—In some cases the infants are placed in separate hospitals. If breastfeeding, the parents must manage the logistics of transporting breast milk daily to the hospital or hospitals. Whether bottle or breastfeeding, they must manage the logistics of visiting in order to bond with their fragile babies. They may have other children at home as well.

Home with their babies, the parents must figure out how to nurse/bottle-feed more than one at a time.—The logistics and scheduling of nursing can incapacitate an entire family.

Parents must not only do it alone, but figure it out alone.—Childcare books, clinic personnel, social workers lack both theoretical and practical information on twin development. Twin club publications (available only by mail order from individual clubs nationwide) are generally simplistic or outdated.

The house is too small.—Two babies (and their equipment) require more space than one.

Finances get tighter.—Especially for premature or disabled multiples, medical care is costly. Next there are the doubled or tripled costs of supporting the infants. All of this is compounded by the mother's inability to work out of home. Childcare for multiples is scarce, and where it exists, is not affordable.

Transporting two or more babies is difficult, if possible.—When the mother is single, mobility is reduced to zero.

When the twins are also disabled.—In addition to all the above shocks and stresses, the parents of disabled twins go into grieving for the perfect child they did not have.

A SAMPLING OF TWINLINE CLIENTS

Most of the families Twinline serves are able to gather some support system and have at least a rudimentary knowledge of child development. Even so, they report tremendous need for information and moral support. "This is so bad, we must be doing something wrong," is the common cry for help from new parents on our Warmline. When the caller cannot be understood through her sobbing, we know it is a parent of toddler twins. The care of twin children is a stressful activity for most families, no matter what their circumstances. When there are complicating factors such as when the babies are disabled or the mother is single, the difficulties can overwhelm even the most well-prepared parents.

The following stories illustrate a cross section of the needs of the multiple birth families Twinline is serving. They demonstrate how our services work and where the unmet needs lie.

1. The case of the parents who "have everything".

Both George and Eileen are professionals. Their twins are one month old. They take turns feeding the babies on alternating nights, so each can get some unbroken sleep. They have a paid housekeeper 5 hours a day. Even so, Eileen is very tired from the exertion of both breast and bottle feeding each baby every 2 hours during the day.

One day when her housekeeper was ill and her husband out of town, Eileen was alone with the babies for 10 hours. One of the babies was very fussy and cried for long periods of time. Eileen began to imagine herself abusing the child. Eileen is a University professor with expertise in child abuse and infant neglect. She looks forward to returning to work on a reduced schedule with new understanding of her subject.

2. The case of medical complications.

a. Jane and Steve were diagnosed expectant parents of twins in the 6th month of pregnancy. They were stunned, unprepared for 2 babies where 1 was expected. The twins were born at 7 months gestation, 3 lbs. each. Both babies remained in intensive care nursery and required life support assistance for several weeks. Because of an enzyme deficiency, breastmilk was the only food the babies could tolerate. Jane had to use a breast pump and transport milk from her Oakland home to the hospital in San Francisco daily. The babies were so fragile their parents were afraid to touch them. The parents went home each day feeling they would never get to parent these babies to whom they had given birth.

When the babies finally came home, they were difficult to care for. They required constant encouragement to nurse; and because their sucking reflex was still undeveloped it became necessary to supplement each breastfeeding with a bottle. The feedings went on every 2 hours around the clock. Jane and Steve, both law students, found themselves exhausted, overwhelmed and worried that their babies would never catch up developmentally.

Twinline helped Jane and Steve by listening to their worries, validating their feelings that their situation was extremely difficult and providing information on twin management and premie development. We were an understanding ally they could contact for ongoing support. We also connected them with another family who had survived similar difficulties.

At least 60% of plural pregnancies result in premature births. The field of prematurity prevention is new, the theories controversial. Some doctors routinely prescribe bedrest for expectant mothers of twins. Others argue such bedrest undermines the mother's—and babies'—health and strength.

The problems resulting from prematurity are both short term and long term. Short term there is the question of survival of the baby; long term, the question of developmental delay or other disability. Recent research suggests learning disabilities attributable to prematurity frequently are not diagnosed until age 5 or 6 when the child enters a formal school setting.

b. Sharon and James' Obstetrician never suspected twins. Several months into the pregnancy Sharon and the Doctor had a disagreement about her due date. The Doctor insisted Sharon's date could not be accurate given her abnormally large size—despite the fact that Sharon kept regular written records of her menstrual cycle. At 7 months gestation (by Sharon's dates) the Doctor insisted it was time for this "big baby" to be born. He induced labor. The second baby, only 2 lbs., was deprived of oxygen. The twins were identical boys, but one developed severe cerebral palsy.

Twinline offered Sharon emotional support as she went through the process of rejoicing for one baby, grieving for the second, and wondering whether her developmentally different children could be treated as twins after all. We also connected

her to other parents with disabled twins, and are now sponsoring her efforts to form a support group for families with disabled twins.

In the end, no information is available to help these parents raise their twins. Though twins are routinely used in research to clarify nature-nurture questions, no attention has been given to the study of nornal twin development, much less atypical twin development as in the case of disabled twins.

Nor has adequate attention been given to training doctors in the art of diagnosing plural pregnancy. In a retrospective study conducted by Twinline, 25% of the mothers surveyed received no diagnosis prior to delivery, and over 50% had less than 2 months notice. 50% of the respondents self-diagnosed twins an average of 2.8 months ahead of their doctors' diagnoses or the birth, whichever came first. The five symptoms most frequently reported by the participants were: weight gain, greater fetal movement, large size, dreams, and separate fetal movement.[1]

These symptoms must now be investigated in a prospective study, the results of which could provide a tool for doctors and expectant mothers alike.

A tool would solve only part of the problem, however, as in many cases it is the doctor's attitude toward women's perceptions which prevent him from exploring the possibility of plural pregnancy. Undiagnosed expectant mothers of twins are sometimes made to feel guilty, as if their symptoms resulted from maternal indiscretion when in fact they are displaying the normal symptoms of plural pregnancy, e.g., women are instructed to eat a minimal diet to limit the extra weight gain they are presumed to have caused through overeating. Such instructions, in addition to causing physical and emotional discomfort, can have adverse medical results as extra weight gain is necessary, healthy and normal for a plural pregnancy.

To the medical importance of early diagnosis must be added the psychological importance. Families come about as much through the anticipation of and preparation for children as through the birth itself. The strength and stability of families begin with the images parents have of themselves with their children. When the family "picture" includes one child (one crib, one stroller, one car seat) and 2 or 3 are born (without prior diagnosis) the family picture—and the family are shattered. The stresses of exhaustion (caring for two babies around the clock leaves no time for unbroken sleep); extra expense (2 cribs, double stroller, 2 car seats); and limited space can disrupt the bonding process so necessary to the development of a strong, stable family unit.

2. The case of single parents.

a. Valerie, a 33 year old single mother of 3 teenage daughters, had finished with childrearing. Several years ago in fact, she had had a tubal ligation. Despite the reputed permanence of this procedure, however, she found herself pregnant again at 33. Unable to abort in conscience, she decided to have one more baby. In the second trimester she learned she was carrying triplets.

Valerie was on hospital bedrest for 3 months before the triplets were born 6 and one half weeks premature. The identical boys were 4 lb 13½ oz, 4 lb 10 oz, and 2 lb 15 oz. One did not need a respirator. One was in the intensive care unit in Alta Bates hospital for a short time and the smallest one remained in intensive care at Oaknoll Naval Hospital for one month.

Valerie's mother came from out of state to help her for the first month at home. Valerie moved from her 1 bedroom to a three bedroom 2nd floor apartment which made it impossible for her to even walk around the block without someone to help her carry 3 babies and a large twin stroller (which Twinline acquired for her free) downstairs. She is further homebound because she does not have a car. Twinline has consulted with Valerie since the 26th week of her pregnancy. We paid hospital visits and home visits with triplet literature, donated clothing and equipment which we solicited. She has received some respite babysitting relief and has had a flow of babysitters, a number of whom have burned out working with triplets. We have been her main moral support throughout her overwhelming task.

Recipients of aid cannot be totally helpless. If they have no mobility to go after the services available and if they have no clarity of mind because of exhaustion and stress they must *at least* have the ability to covey their needs to someone who can respond with real help. Not all needy people have the ability to express their helplessness as well as Valerie. There are those who fall through the cracks because they might not have been expressive at the right moment and are invisible by the time their resources run out.

b. Catherine is a "functional" single parent. That is, she is married, but her husband is in the Navy, out on tour most of the time. She has 3 month old twins, a 19 month old, and a 4 year old. Her husband has been newly stationed out of the

[1] Twinline, Symptoms of Plural Pregnancy Survey Report, summer, 1981.

states. Her doctor, however, will not permit her to accompany her husband because she is "too exhausted". Her husband has moved his wife and children to California, where they are living with his family while he goes on tour.

The problem with this arrangement is that Catherine's in-laws aren't able to cope with a house full of children. They tell their daughter-in-law to "pull herself together and take care of these children". She is now so exhausted, having had no more than 4 hours sleep a day in 3 months, that while seeking help from naval social services, she falls apart. The social worker decides she needs to be committed to a psychiatric ward. The doctor who sees her tells her she just needs rest, to go home and tell her in-laws to help her.

c. Jeanette is an 18 year old mother of 6 month old twins. She lives with her parents and her 16 year old sister. Though her family "accepts" her situation, they have stopped helping her care for the babies, and her father behaves abusively towards her.

The most well-organized family is critically stressed by the birth of twins. For the single parent, twins can be overwhelming, an unmanageable disaster. What Twinline can offer each of these single parents is emotional support, encouragement to get support from anyone they can, written materials, connection with other single parents, and referrals to appropriate social services.

But what each of these mothers needs is respite: daily help from another person so she can sleep or go out by herself for a while. Respite is available only for mothers who are incapacitated or who are demonstrably committing child abuse. None of these mothers fits either category, although the unrelenting stress and isolation resulting from twin rearing can push the most placid parent over the brink.

Parents of multiple birth children need respite which is available as a preventive service, to enable them to get enough sleep, enough contact with the outside world to maintain their own mental health during the early months with twins.

The teenage parent and the "functional" single parent are perhaps in even worse circumstances because they have the "appearance" of being surrounded by help in the form of extended family. They must also deal with handling it all alone amid the criticisms and expectations of these relatives.

3. A family in exceptional life circumstances.

a. Ann, we are told by her social worker, is incarcerated, and just gave birth to twins. She wants to be a good parent to the twins, wants information, and wants to be transferred to a jail which permits mothers to live with their children while they serve time. How can Twinline help her?

This sample of situations is biased toward multiple birth families in the most pressing circumstances; yet the problems faced by these families are not different from those of less stressed families, only more extreme. In summary:

Every parent of twins needs help in the early months. Not occasional help, as in a friend dropping by every couple of weeks, but daily, reliable help.

The majority of parents need financial assistance to help them absorb the additional expense of 2 babies where 1 was expected.

All parents need recognition of the difficulty of their task as well as emotional support to help them weather their twinshock.

Expectant mothers need doctors who are skilled at plural pregnancy management and diagnosis.

All parents and family service providers need more information about the life of multiple birth children and about their development as well.

None of this is to deny the joys of multiple birth families—the pleasure and pride of having twins or triplets—but the care of multiple birth families is fraught with many difficulties. One of our clients, an African-born father of 5 daughters, including fraternal twins, who works nights as a cab driver sums it up: "Twins are a hard happiness."

Appendix A

What Is Twinline?

Twinline is a research-based support service for families who have twins or supertwins (triplets or more).

It evolved from the vision of two parents of twins who joined forces in 1978 to plan a service which would fill the gaps in resources available to new parents of multiples. Few professionals had knowledge of the needs of twin families; libraries held few answers because the books hadn't been written yet; researchers, while ac-

customed to using twins for research purposes, seldom asked questions about twin development.

Under the helpful sponsorship of an Alameda County Child Care Resource and Referral Agency called Bananas (for parents who feel as if they're "going bananas"), Twinline initiated research projects in plural pregnancy diagnosis and twin language acquisition and began to test a variety of family support services in Alameda County. In 1981 Twinline was designated a demonstration project by the California State Department of Health Services with a mandate to develop statewide services for multiple birth families.

Our goals are to develop research which will answer the questions parents are asking, and to generate services which will make this information readily available to parents.

Our services include:

Written handouts, free when sending a self-addressed stamped envelope (see enclosed list for titles).

A Warmline telephone number for advice, information and support.

Family meetings, informal talk sessions for parents of twins; child care provided.

Consultations for professionals and parent clubs who have questions in their work with twin families.

Twinline reporter, a quarterly newsletter for multiple birth families and the professionals who serve them.

Research programs, seeking new information about twin care and development.

Phone: Warmline (MWF) 10am-2pm (415) 644-0863; Business Phone (M-F) 10am-4pm.

Address: 2131 University Ave., Berkeley CA 94704.

Appendix B

The Twinline project has funding through June 30, 1984 under the California State Department of Health, Maternal and Child Health Branch contract # 83-81889. The contract reimbursement is $79,000, approximately two-thirds of the total program cost. Twinline has a staff of 3.3 FTE.

Prepared Statement of Team of Advocates for Special Kids, a Parent Organization Serving All Ages and All Disabilities, Orange, CA

Handicapped children and youth and their families are not protected from any of the problems faced by others in today's society. They are, however, subjected to additional stress and frustration in a variety of areas. We would like to comment on some of the issues presented at the Santa Ana Hearings, as well as identify issues which were not raised.

CHILD MOLESTATION

While the subject of child molestation is of concern to all parents, the unique vulnerability of handicapped children should be noted. Physically handicapped children lack the ability to remove themselves from a potentially dangerous situation, while mentally handicapped children may fail to perceive the potential danger. The emotional impact of molestation is obviously intensified for children who lack the ability to communicate what has happened, and to process or work through the resultant anger and fear.

The Los Angeles Times of Sunday, December 11, 1983, carried a story of a 7½ year old cerebral-palsied, blind, retarded girl who was abducted from a residential care facility and molested. Five weeks prior to this article, another girl (14 years old, cerebral palsied, blind and deaf) was taken from this same home. A 28-year-old alcoholic young man who is a former employee has been arrested on suspicion of having committed the crime. While there are rape crisis centers and private counselors to assist victims, rarely do they possess the expertise or resource to serve the handicapped community.

CHILD ABUSE

Child abuse is a serious problem in our country, and has been linked to both the parent having been an abused child and a low frustration tolerance. Many people today live lives filled with stress: the cost of living, unemployment, the breakdown of the extended family—all of these test an individual's frustration tolerance. Fami-

lies with a handicapped child must cope with additional financial and emotional strains.

A study done by the March of Dimes some years ago followed high risk infants born in a local Orange County hospital. Thirty-three percent of these returned to the hospital as abused children. There is currently no formalized referral mechanism to connect these at-risk parents with a support system. As with child molestation, the existing support organizations are generally at a loss to deal with the specific problems of parents of handicapped children.

HEALTH CARE

In addition to the information submitted by TASK regarding California Children's Services, other components of health care must be addressed as well. Testimony by Ms. Kaplan of United Way stated that "free prenatal care is no longer being provided for poor mothers," yet there is an established link between inadequate prenatal care and high-risk infant births. "Free well-baby checks are no longer provided," which will deny many children early diagnosis and intervention. Yet professional literature and studies continually demonstrate the cost effectiveness of early intervention for all handicapped children.[1] Thirty-eight percent of children under three, according to Ms. Kaplan, are not being immunized. It is known that some childhood diseases can result in disabilities. "Fourteen percent of all births in 1981 were to teenage mothers," a population known to be at-risk for delivering a child with a handicapping condition.

Handicapped children need early identification and intervention of appropriate educational and health services. Familes need early intervention as well—support and training that will help them develop confidence and competence.

In order to have medical health insurance coverage for a handicapped child, one of the parents *must* be members of a group plan. Insurance companies routinely deny individual insurance for a child with a disability. Thus family who own their own businesses or work for a company that does not provide health benefits cannot insure their child.

To our knowledge, no study has been done to investigate the possible relationship between inadequate or non-existent medical coverage and the institutionalization of handicapped children. From our experience, however, we suspect such a link exists.

DAY CARE

The lack of day care is a serious problem in Orange County, and once again, the problem is intensified for parents with disabled children. Few (if any) day care centers accept children with disabilities. Respite care, a desperately needed break for families keeping their severely-handicapped children at home, is all but nonexistent due to budget cuts in the Department of Developmental Disabilities.

The divorce rate in families with disabled children is 75%; thus many parents who come to TASK are single mothers. Usually, the mother has sole custody of the child. With no day care available, these mothers find it difficult to work and thus are forced onto welfare or are existing at near poverty level.

EDUCATION

While PL 94–142 mandates an education for *all* handicapped children, the state of California has adopted eligibility criteria which may in fact deny many mildly handicapped children an education appropriate to their needs—particularly communicatively handicapped, learning disabled and emotionally disturbed youngsters.

Funding for education at the federal and state level remains a critical issue. Proposed legislation in California would place a 9% cap on learning disabled children. If passed this legislation will have serious impact in terms of either increased due process hearings or unserved students. This is particularly critical when viewed in the context of the study cited at the hearings by Catherine Blakemore of Protection and Advocacy Incorporated: "46% of children and youth with diagnosed attention deficit disorders with hyperactivity (which frequently accompany learning disabilities) were arrested on felony charges. Further, when appropriate education and therapy is provided, the arrest rate drops by 50%." Statistics maintained by the Florence Crittendon Home in Orange (a residential facility for unwed teenage mothers) indicate that approximately 90% of the girls they serve are learning disabled.

Monitoring of states' compliance with PL 94–142 remains needed. California's eligibility criteria mentioned earlier is under litigation currently. Legislative action

[1] *Perry Preschool Project*, Schweinhart and Weikart, 1980.

was required this year to amend state law passed in 1982 which included language in the *proposed* regulatory changes to PL 94-142. TASK receives an average of 90 phone calls per month that specifically request individual assistance to solve problems parents are encountering with school districts.

While it is encouraging to note the burgeoning emphasis on *quality* education in the United States, it is hoped that such emphasis will not negatively impact on handicapped students by denying them a diploma. At the same time, handicapped students continue to confront barriers in vocational programs. Vocational education opportunities are extremely limited and results in the loss of much potential—human as well as financial.

[Hunger Watch Report: Bread for the World]

HUNGER IN PASADENA

(WH/EAT: World Hunger: Effective Action Together)

United States Census Bureau statistics for 1982 indicate that 15% of the population is living below the poverty level, officially defined as an income of $9,862 for a family for four. The number of persons below the poverty level increased 12.3% in 1980, 8.7% in 1981, and 8.1% in 1982. There are 34.4 million Americans currently living below the poverty threshold. In 1982 the ranks of poor Americans increased by 2.6 million persons. The percent of Americans below the poverty level has not been higher since 1965, a year after President Lyndon Johnson called for a "war on poverty."

Abstract statistics gain meaning as we understand them in the context of our own city of Pasadena. During the past year, several members of a hunger organization have attempted, through interviews and data gathering, to assess poverty in the city which surrounds their church. Consider the following typical examples of Pasadena residents.

Case 1: The Jones family consists of two adults and two children. The husband lost his job last year and the family had been living off unemployment benefits of $544, plus $98 in Food Stamps. At present they are living solely on Food Stamp money as they await an eligibility period before they can receive AFDC. They are facing eviction for not being able to pay rent and their utilities are on Shut-Off notices.

Case 2: The paramedics were recently called to a community center in Pasadena when Mrs. Jones fainted as a result of being malnourished. Two days previously her daughter was released from the hospital for treatment of sickle cell anemia. The two of them are living with the grandmother on her (the grandmother's) $400 monthly Social Security supplement payment.

Case 3: Jim was being teased at school for not having any underwear. His mother is struggling to feed, clothe, and shelter herself and four children on $700 of AFDC and $135 of Food Stamps. Presently they are living in a hotel room with no refrigerator; the mother cooks on a single hot plate element. She is seeking a better housing situation for her family, but cannot come up with the first and last month's rent, security deposit, etc. in order to move.

PASADENA: 1930

In 1930, an article was featured in *The New Republic* which began with the following observation about Pasadena.

It is the *crème de la crème* of California, and one of the prettiest and wealthiest towns on earth. It makes the spiffy suburbs of Boston, New York and Chicago look positively sad. The place is not merely a community; it is a symbol.

To Morrow Mayo, the author of this article, Pasadena symbolized wealth, power, and sophistication. Pasadena was "the millionaires town," there being fifty-two adjoining palaces on one street alone, Orange Grove Avenue. The winter population of one hundred thousand dwindled every summer to thirty-five thousand as wealthy residents migrated to Balboa or Catalina Island. Left behind, says Mayo, were the "tradesmen," the support class for the rich.

Pasadena's image has always been larger than its reputation of a hundred thousand residents. Every New Year's day, millions of people tune in their television sets, first to watch the Annual Tournament of Roses, and then to see the Rose Bowl game. Inevitably, the winter weather cooperates with the swim suit clad beauties perched on floats perpetuating Pasadena's image as one of the "prettiest" towns on

earth. Viewed from the vantage point of the Goodyear blimp, Pasadena's tree lined streets portray the city as an oasis for practicing the good life.

Pasadena, however, is not just millionaire's mansions built in the early part of the century. There is the California Institute of Technology, home of many distinguished scientists. And a few miles away is Cal-Tech's sister institution, Jet Propulsion Laboratory, the nerve center of many a planetary space probe. In a recently renovated section of the city is the Parson Corporation, the home office for nearly ten thousand employees working worldwide in oil development and construction projects. The downtown center has been razed and in the place of aging stores and apartments stands a beautiful new mall. Sprouting up everywhere in the city are high rise office buildings, the city fathers and mothers (the mayor being a woman) hoping to attract businesses to Pasadena from the higher rent locale of downtown Los Angeles.

PASADENA TODAY

Shall we conclude that Pasadena is a city free of poverty, a Garden of Eden nestled in the shadow of Mount Wilson which rises behind it? The answer would appear to be "no." In fact, according to one current resident of Pasadena who in 1934 was a case aide at the Pasadena office of the State Emergency Relief Administration, there may have been an underside to Pasadena's image even in the thirties.

"I remember that there were many construction workers on relief, men who had not had a job since the Civic Auditorium was completed in 1933. A grocery store owner (not on relief) had lost his business by extending credit to those workers. There were clerical workers and salesmen whose companies had folded. And there were Mexicans, some of them U.S. citizens, who had been employed by the railroads and in the citrus groves.

"Some of the homes I visited had been without gas or electricity for several years. In some, wood stoves were used for cooking and heating. Quite a few people did their laundry in the backyard in a galvanized tub over a wood fire.

"Pasadena was a community of contrasts. We had Herbert Hoover as a frequent visitor and Upton Sinclair as a permanent resident. We had the highest per capita income of any city in the U.S. (soon to be replaced by Beverly Hills); yet a few people died of malnutrition (I knew two). We boasted of prestigious Cal-Tech while few Mexican children attended high school. There were mansions on many of our streets, but in one old house on Colorado Boulevard twenty people had to share a single toilet."

The theme of Pasadena as a community of contrasts is echoed in the recent literature analyzing the city. For example, ten years ago a study appropriately titled, "Poverty in the City of the Roses," began with the statement:

Pasadena is a city of remarkable irony. There is a range in economic status, housing conditions, and racial composition, unparalleled in any other city of 100,000 people. Because of this, Pasadena is a microcosm of much larger cities and mirrors many of the same social problems afflicting this country's largest urban areas.

Analyzing the 1970 Census data for Pasadena and the neighboring city of Altadena, the authors of this study comment that in a ten year period there was a 94% increase in the non-white population: the Black population increased 85% and the Spanish-surnamed population increased by 140%. During this same period the White population decreased by 27,000, a decline of 20%. In 1970, the study states that "Nearly one of every four persons who lives in Pasadena is either below or marginally above the poverty level." Taking the larger Pasadena/Altadena area, 16,485 persons were below the poverty level, Whites constituting the largest number (Whites 8,185; Blacks 6,367; and Spanish-surnamed 1,933).

According to the latest U.S. Census done in 1980, 55% of the total population in Pasadena is White, 20% is Black, 18% is Hispanic, 7% is classified as Other (largely Oriental). Collectively, the minority categories accounted for approximately 45% of the total population. The White population has declined from 80.1% in 1960, to 68.3% in 1970, to 54.7% in 1980. In the 1970's, Pasadena Unified School District data indicate that Hispanic enrollment represented the largest percentage increase of any minority group, increasing by approximately 74%, or 2000 students.

In 1982, 26% of the children (K-3rd grade) in public schools were from families receiving AFDC. Fifty-five percent of the children qualified for the free or reduced payment lunch program. Twenty-nine percent of the children were from families with median incomes below $11,100. The point of these statistics is to indicate that while Pasadena is still one of the prettiest towns on earth—on a clear day!—it is far from the resort city of 1930. It's "underside" has grown. There is a great deal of pain and suffering which needs to be addressed within the City of the Roses. Pasade-

na is a city of contrasts, with definite pockets of human need. For example, within one square mile of the Pasadena School District's 73 square miles, there are 2,200 Hispanic children (K-6th grade)—out of a total of 9,000 children (K-6th) in all of Pasadena's public elementary schools. A priest serving the neighborhood church of this area estimates that 60–70% of the adults in this one square mile are undocumented. The population is extremely dense, with large extended families often sharing a single small apartment.

PUBLIC ASSISTANCE PROGRAMS

It is clear from our interviews that public assistance programs barely meet the subsistence needs of many individuals, with not a few individuals slipping through the "safety net" altogether.

FOOD STAMPS AND AFDC

As of January 1, 1983, the schedule for AFDC payments and Food Stamps was as follows:

	Maximum payments	Food stamps
Family size:		
1	$248	$26–60
2	455	42–76
3	506	72–107
4	601	98–132

AFDC grants have always been below the government's established poverty level. Even with food stamps, benefits are still 7% below the poverty level. The Bureau of Labor Statistics estimates the budget for a poor California family of four to be $13,097 a year. In California an AFDC family of four receives maximum benefits of $8,796 a year in grants and food stamps. This is only 67% of the amount the government says is the actual living costs of poor people. Nation-wide, 78% of all Food Stamp recipients are children, elderly, disabled, or single parent heads of households. The proposed cost of the Food Stamp program in 1984 is $11.4 billion, although President Reagan is seeking to save $5.4 billion from 1984–1988 through proposed cuts (during the same period in which military expenditures are dramatically escalating). Among the hardest hit households would be the one million with elderly and disabled persons, which would lose an average of $250 a year, or 26% of their total food stamp benefits. In interviewing twenty Food Stamp recipients in Pasadena, we consistently found that they were running out of stamps by the middle of the month. Their recourse was then to use money from their AFDC payment or from other earnings, borrow money from parents or friends, and otherwise subsist on potatoes, rice, and beans.

During these interviews we discovered that large increases in utility bills had become a major problem for many poor people. One interviewee said that she owed $300 on utilities and was wondering how she would cook for her three children if utilities were cut-off. Other individuals complained of the high cost of rent, one interviewee's rent increased from $225 to $450 within a few months. The director of a senior citizens center said that she knew of none of her clients who were renting for less than $300 a month. Families are often paying a minimum of $500.

WOMEN, INFANTS AND CHILDREN

Posing a sharp contrast to the Food Stamp program is information that we granted on the WIC program. The Altadena/Pasadena WIC agency serves approximately 2400 people: 25% women, 50% infants, and 25% children. Currently there is no waiting list for pregnant women.

Maria, who registered for WIC benefits seven years ago—during the pregnancy of her first of four children—states that the program has helped her greatly, both in improving her family's diet but also in enhancing her own understanding of nutrition. She said that she particularly appreciated the classes dealing with nutrition where she learned to read and interpret the ingredient labels on packaged foods. She also likes the access she has to a nutrition counselor. Another recipient who was interviewed states that the primary benefit to her was that she was urged to breast feed her child. Ms. Eloise Jenks, Executive Director of the Public Health

Foundation for Los Angeles County, stated that in 1976 almost no women interviewed for the WIC program were nursing their babies. Now almost 70% of WIC clients are breast feeding, a definite nutritional and economic advantage to child and mother respectively.

The WIC program provides three ways to better health: physical health care, nutrition education, and supplemental food rich in vitamins A, C, D, iron, protein, and calcium.

SCHOOL LUNCH PROGRAM

For some years there has been no breakfast program in Pasadena public schools. Currently, however, even the lunch program is facing severe difficulties because funding for the program has not kept pace with the rise in food and labor costs. Even for those who are eligible for a free lunch, there are three changes in the application procedure that are having direct consequences:

1. The application forms have become so complicated that many parents cannot fill them out without professional assistance—and there is no funding for school aids to function in this regard.
2. The forms require listing one's Social Security number which for obvious reasons intimidates many undocumented workers.
3. The "hardship" clause has been eliminated placing a special burden on those with large medical expenses or high rents.

One teacher we interviewed said that she has never before in her professional career encountered so many children on the reduced lunch program (or for that matter, paying the full cost) who simply say that their mother does not have money for them to pay the required amount each week. She also said that she is increasingly seeing children who come to school with lunches consisting of nothing more than a piece or two of bread with margarine on it or a little jar with peaches or some fruit. Other teachers who were interviewed said that it is apparent that many children are coming to school without any breakfast. They are not certain whether this is a result of parental neglect or the fact that there simply is no food in the house. We suspect that both factors may be true, but the existence of urban (versus inner city hunger) cannot be underestimated.

CHILD CARE FEEDING PROGRAM

Reductions in the Child Care Feeding Program—another program dealing with children—based on our survey of nearly fifty licensed family day homes, preschool centers, and day care centers, are causing considerable hardships. Family day homes serving children of low-income working parents are, for example, receiving approximately half of the pre-October 1981 level of funding. Such homes are required to provide breakfast, lunch and two snacks, as well as dinner if the child remains after 6 p.m. None of the persons that we interviewed representing the twelve family day centers have increased their weekly charge to parents since the reduction in funding. Instead, they say they have absorbed the costs themselves because their clients (low-income parents) cannot afford to pay more. Several of those contacted said that they may have to go out of business within six months if more aid is not forthcoming.

Pre-school centers are also experiencing great difficulty. The director of one preschool center said that they are unable to provide little in the way of educational materials to the children because of lack of funds. The consequence of such programs as those mentioned going out of business is that parents in the low-income bracket will be forced to quit working or else will leave their children at home unattended.

SENIOR NUTRITION AND ACTIVITIES PROGRAM

The SNAP Program in Pasadena delivers 70 meals each day to senior citizens who are home bound and serves another 360+ meals to seniors at eight different sites. The Director, Teri Moore, says that they are operating on a "bare bones" budget. Because of lack of funds they have had very little money to use for recreational purposes, surely a major need for seniors.

Major Clevitt of the Salvation Army says that in the Southern California area, they serve meals to 6,000 senior citizens five times a week. But he estimates that there are another 15–20,000 seniors who are in need of such programs as Meals on Wheels.

PRIVATE AGENCIES

There are a number of people who, for a variety of reasons, are not adequately covered by public assistance programs. These people may be political refugees or undocumented workers who are not eligible for assistance. Alternatively, they may be persons awaiting eligibility for a particular program. Sometimes individuals are not aware of public benefits or else they are too mentally incompetent to apply for them. The Director of Union Station, a drop in center which supplies food and recreation, offered the following example.

Peter is about 70 years old—a man from Mississippi who came to Pasadena decades ago to work as a handyman and domestic. During all the years he worked he saved some money, and when he had to quit working eight years ago he began to live off his modest savings. He has been coming to eat at Union Station since it opened in 1973. In 1978 he ran out of money and began living in a shack that he discovered on some abandoned property. When he began bringing his bedroll to the Station we realized that his situation had changed and for the first time talked seriously to him about his life situation. Prior to this time he had been very private about his personal affairs. We discovered that Peter was very poorly educated and naive. He did not know about Social Security, for example, or about any of our society's welfare provisions. Since he was over 65 and without resources, he was almost automatically eligible for Supplemental Security Income—a $450-500 per month allotment. Peter still comes to the Station every day. Although he has a room now, he is not really able to cook for himself and the Station supplements the meals he receives at restaurants. During the time that Peter was living off his savings and then out-of-doors, Union Station's food provision for him was *survival*, as opposed to *supplemental*, food.

UNION STATION

Bill Doulos, the Director of Union Station in Pasadena, estimates that there has been a one-third increase in the demand for services from a year ago. The major change he sees in clients who frequent the center is that there are more people who are mentally disoriented and more young males who do not fit the stereotypical "bum" image. About 30% of their clientele live on the street (sleeping in parks, etc.). Approximately 20% of those who come to Union Station are women. A third are over 60 years of age and approximately a quarter are under 30 years of age. For many of them, Union Station is their major source of a nutritious meal. James is a typical Union Station client.

He is a fifty year old man who has lived in Pasadena for a long time. He receives about $60 per month from a 10% Veteran's Disability (due to an injury he sustained in 1954 while he was in the Armed Forces). Currently he rooms with a relative in Altadena, but only between the hours of 11 p.m. and 4 a.m. The relative permits George to use a room or porch, but it is not a secure living arrangement. During the other hours of the day, James is either in Central Park with several others who hang out there, or at Union Station, between the hours of 9 a.m. and 3 p.m. His only stable food source is Union Station. His $60 total monthly income is used for incidentals and a little food. While James is at the Park or at the Station he spends most of his time socializing—playing cards and watching television with his friends. He makes a few extra dollars by selling used clothing and small items out of a foot locker that he has strapped to a dolly. James pulls the dolly behind him wherever he goes. Without the food that Union Station supplies, James would become a human scavenger, move to another location, or enroll for welfare (an option that he says he would never take).

FRIENDS IN DEED

Friends in Deed is an organization funded by the Ecumenical Council of Pasadena that in 1981 assisted 7,591 people with food or clothing. In 1982 the number of people assisted almost doubled to 13,046. The Director, Patty Hamic, states that the change in demand for services in this one year period is almost entirely attributable to the worsening economic situation and Federal cutbacks in social services. For example, in the month following the cuts in the School Lunch Program in 1981, she remembers seeing a marked increase in the number of mothers visiting Friends in Deed requesting food supplements. In 1982, 490 requests for emergency food were filled (this is a one time only basket of food calculated to last 3-4 days). This represented a 43% increase over 1981. A similar 40% increase was experienced in the demand for back-to-school clothing for children.

SALVATION ARMY

In interviewing Major Clevitt of the Salvation Army (Los Angeles Division), he said that from December 1981 to December 1982, they had experienced a 5% increase in their case load in the inner city, but a 60% increase in the urban areas of the greater Los Angeles basin.

In Pasadena, Captain Love said they had seem approximately a one-third increase in emergency food aid. The greatest change in the last year, he said, is that they are seeing increasing numbers of families as opposed to male transients.

FOOD PANTRIES

In addition to Union Station and Friends in Deed, there are a few other groups seeking to assist the poor of Pasadena. St. Andrews Catholic Church has an active food assistance program, sponsored by the St. Vincent de Paul Society. Lake Avenue Congregational Church provides food baskets and food vouchers for needy individuals. Lutheran Social Services has an active program as well. A coalition of some of the above groups has formed and, for the first time on an experimental basis, is receiving food pantry supplies from the El Monte food bank. Federal cheese surpluses have also been distributed in Pasadena.

CONCLUSION

The purpose of this report has been to describe the state of poverty in Pasadena and some of the programs which are attempting to deal with the persons who otherwise are reflected as *mere statistics* in governmental reports. Obviously the next task is to address ourselves to ways of countering the suffering and indignity that is occasioned by poverty.

In response to the statistics cited at the beginning of this report, President Reagan has formed a task force to study the extent of hunger in the United States. Ironically, he seemed surprised that people are going hungry in America. This seemed impossible to him given the increases in such programs as food stamps, free or reduced-price school lunches, public housing or subsidized health care. It is dismaying, indeed, that benefits have grown from $2 billion in 1965 to $72 billion in 1980. Nevertheless, the *increases* of those below the poverty line in the last several years must be directly attributed to the President's economic policies.

This report has been written by Donald E. Miller, Associate Professor, School of Religion, University of Southern California, Los Angeles, CA 90089–0355.

PREPARED STATEMENT OF PLANNED PARENTHOOD ASSOCIATION OF ORANGE COUNTY

Planned Parenthood Association of Orange County, a family planning clinic, provides high-quality, low-cost medical services to low-income women of Orange County. Our services include an education department with a staff trained to present programs on a variety of topics (e.g. anatomy, physiology and birth control and sexually transmitted diseases). This program also includes workshops for both English and Spanish speaking parents who want to improve their ability to communicate with teens on topics related to sexuality. While we encourage open dialogue between parents and teens, we also strongly endorse the right to furnish teens with confidential contraceptive care. PPAOC believes that program such as ours play a meaningful role in stemming the tide of teenage pregnancy.

Teenage pregnancy is a nationwide problem of epic proportions. Orange County is no exception in this regard. The following statistics illustrate this point. The total number of live births in Orange County in 1981 was 33,144, including 3,613 live births to teens. Data collected on live births in the county by marital status of the mother, for 1980, showed an increase in the number of unmarried women giving birth. From 1980 to 1981 there was a 7.7% increase in the number of births to women under 15. In 1981, 42% of teens who gave birth in the county were unmarried.[1]

The consequences of teen pregnancy are almost all adverse. Pregnancies that end in abortion or miscarriage involve difficult decisions and involve some health risk to the teenager, although abortions before the 16th week of pregnancy are less dangerous than childbirth.[2]

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[1] State of California, Department of Health Services, Birth Records, for all birth statistics.
[2] State of California, Department of Health Services, Abortion Reports and Birth Reports. 1980.

The consequences of most concern, however, relate to the pregnancies that result in births. These consequences touch the health, social and economic lives of the teenagers who give birth and the children they bear. Babies born to teens are more likely to die in their first year of life than are those born to women over age 20. The risk of having a low-birthweight baby is also considerably higher for teenagers, as is the chance of maternal mortality and morbidity.[3]

Probably the most far reaching consequence of teenage childbearing is the loss of educational opportunity which the teens experience. With this loss in educational opportunity comes a limitation in the chances to gain the skills needed to compete in society. Consequently, teen parents are frequently unable to obtain higher salaried jobs, and their family incomes tend to be lower than those earned by other families.[4]

Besides the lost education opportunities for teenage parents, studies have shown that their children also suffer by having lower IQ and achievement scores, and are more likely to repeat at least one school grade than the children of those who delayed childbearing.[5]

PPAOC strongly supports a multi-faceted approach to working with teens and their parents. Ideally this program includes an approach to sex education which contains the following components:

(a) provides individuals with adequate and accurate knowledge of family life and human sexuality in its physical and psychological, social and moral dimensions.

(b) helps to clarify and strengthen values and attitudes related to the family and sexuality.

(c) enhances feelings of self-worth and self-esteem.

(d) increases skills in decision-making and communication.

PPAOC also strongly supports adequate public funding for contraceptive care and maintains the belief that this service must be available to teens on a confidential basis.

ORANGE COUNTY HALFWAY HOUSE, INC.,
Garden Grove, Calif., December 8, 1983.

Mr. JERRY M. PATTERSON,
Congressman, 38th District,
Civic Center Plaza, Santa Ana, Calif.

DEAR CONGRESSMAN PATTERSON: Thank you for the invitation to attend the southwestern regional hearing of the Select Committee on Children, Youth and Families. Your leadership in bringing this important hearing to Orange County is commendable.

As I listened to the testimony yesterday I was impressed with the breadth of information provided to the committee. However, based on my experiences with both the criminal and juvenile justice systems, I would suggest that greater attention be provided to the insidious role of drugs and alcohol in the problems of America's youth and families.

In both my work as an administrator of a community based corrections agency and my participation with a number of Orange County's Citizen Advisory Groups, I am constantly exposed to the recurrent dilemmas associated with substance abuse.

As examples of this tragedy I would cite the direct correlation between: (1) Substance abuse and violence, as documented in "Ounces of Prevention," the final report of the State of California Commission on Crime Control and Violence Prevention; and (2) Substance abuse and crime, as statistically projected at approximately 70–80% by the California Department of Corrections.

There is obviously no simple solution to such a complex problem. However, a multifaceted approach of education, prevention (positive alternative experiences), treatment and enforcement is absolutely necessary to address the epidemic of substance abuse, which I believe to be the primary negative ingredient in the disintegration of the American family and ultimately our society.

Clearly the Select Committee must consider a variety of factors, many of which were well expressed at yesterday's hearing, in developing federal policy related to America's youth and families. I hope my input can be useful in your deliberations.

[3-5] "Teenage Pregnancy: The Problem That Hasn't Gone Away," the Alan Guttmacher Institute, New York, pp. 28–36, 1981.

Please feel free to contact me at any time if I can be of any assistance or provide you with further information. I would be particularly interested in participating in any forums in which citizens are involved in any advisory capacity.

Sincerely,

KEVIN MEEHAN, *Executive Director.*

PREPARED STATEMENT OF JOSE COLON, PH.D., MEMBER, MATERNAL AND PERINATAL COMMITTEE, ORANGE COUNTY MEDICAL ASSOCIATION

ISSUES OF ACCESS TO PRENATAL CARE FOR HISPANIC WOMEN IN ORANGE COUNTY

This study has come from many sources, and represents the collective effort of many people. I present and analyze it in the hope of better informing policymakers, researchers, and concerned citizens, who care about the quality of life of all of us who live in this country. This report consists of detailed description of factors associated with inadequate access to prenatal care by Hispanic women in one of our most affluent communities, Orange County, California. This presentation is divided into a brief historical background, a description of preliminary data developed by a county epidemiologist, Michael Welch (1978 births), an analysis of a complete sample derived from certificates of live births (1978 births), a discussion and analysis of a survey of delivering women's attitudes towards prenatal care (1980 births), and a review of a limited set of comparable data from 1981. The story begins in 1978, in a collaborative effort between two public agencies.

The broad issue of access to prenatal care and the specific problem of Hispanic participation in prenatal care in Orange County became an official subject of inquiry of the Orange County Health Planning Council (OCHPC), and the Public Health and Medical Services of the Orange County Human Services Agency in 1978.

At that time, a task force of our community's consumers and providers were reviewing the status of regionalized prenatal care. A subcommittee was given responsibility for investigating access to prenatal care. In our early discussion about an appropriate research strategy, I urged the members of the committee to identify ethnicity as a variable in the analysis of utilization patterns of prenatal care. Subsequent results proved this to be a productive strategy.

THE WELCH DATA

A preliminary analysis of data presented by Welch (1979) of the Division of Epidemiology of the Orange County Health Services Agency, confirmed that ethnicity and specifically Hispanic background was an important dimension in understanding access to prenatal care in Orange County, California.

Table 1 contains a summary of the preliminary facts identified in the Welch data. This data indicated that the rate of neonatal mortality in the group that received little (care only in the ninth month) or no prenatal care, the inadequate care group (ICG), was 34.2 per 1,000 live births (Welch 1979:5). The rate for the group that had received care during the first three months of pregnancy, the adequate care group (ACG), was 6.4 per 1,000 live births (Welch 1979:5). These figures are slightly elevated by the exclusion of women who received prenatal care after the third, and before the ninth month. The contrast in the rates of mortality do indicate the very real consequences of the lack of access to prenatal care.

TABLE 1.—MORTALITY

	ICG		ACG	
	Number	Percent	Number	Percent
Infant deaths noted	8	3.0	69	<1.0
Neonatal death rate per 1,000 live births	—	34.2	—	6.4

Source: Welch, 1979:5.

Table 2 provides more information about the women who are at risk. Seventy-three percent of the mothers with inadequate prenatal care were Hispanic, 25% were Anglo, 1% was Black, and 2% were Asian. The Hispanics in the ICG represent approximately 9.5% of the Hispanic women who gave birth. In sharp contract, only 6.4% of the Anglo mothers had received inadequate care.

TABLE 2.—RACE/ETHNICITY OF MOTHER

	ICG		ACG	
	Number	Percent	Number	Percent
White	54	23	8,453	79
Black	2	1	181	2
Hispanic	171	73	1,620	15
Asian	4	2	357	3
American Indian	0	0	28	0
Other	2	1	41	0
Unknown	—	—	—	—

Source: Welch, 1979:3.

Table 3 presents as age profile of the women in the IG and in the ACG. Women in the ICG had a median age of 22.1. The ACG mothers tended to be older, their median age being 25.6.

TABLE 3.—AGE OF MOTHER

	ICG	ACG
Median age	22.1	25.6

Source: Welch, 1979:3.

Table 4 outlines the relative rate of previous pregnancies between the ICG and the ACG. The proportion of women in the ICG who had previous pregnancies was twice that of the women in the ACG. Seventy-one percent of the ICG mothers had had other pregancies, while 34% of the ACG mothers had earlier pregnancies.

TABLE 4.—PREVIOUS PREGNANCIES

	ICG		ACG	
	Number	Percent	Number	Percent
Number of pregnancies:				
0	65	29	4,734	45
1	62	27	3,461	33
2	41	18	1,447	14
3+	58	26	770	7

Source: Welch, 1979:4

In Table 5, the Welch data provides us with information on low birth weight, and the status of prenatal care. Women in the inadequate care group were twice as likely to give birth to a low birth weight baby than were the mothers in the ACG. Twelve percent of the ICG mothers gave birth to infants who weighed less than 2,500 grams. Five percent of the AGC mothers gave birth to babies in this low range.

TABLE 5.—LOW BIRTHWEIGHT

	ICG		ACG	
	Number	Percent	Number	Percent
2,500 grams or less	28	12	548	5

Source: Welch, 1979:4.

In Table 6, still another contrast emerges between the ICG and ACG. Thirty-three percent of the ICG births were illegitimate. Eight percent of the AGC births fell into this category.

TABLE 6.—ILLEGITIMATE BIRTHS

	ICG		ACG	
	Number	Percent	Number	Percent
Illegitimate births	78	33	903	8

Source: Welch, 1979:6.

Finally, in Table 7, the Welch data allows us to pinpoint the cities where most of the ICG and ACG mothers reside. It is clear that Santa Ana, Anaheim, Garden Grove, Costa Mesa, Fullerton, Buena Park, Westminster, Placentia, Orange, and Huntington Beach are the homes to 87% of the ICG. Most of these towns, and especially Santa Ana and Anaheim, have significant Spanish surname populations.

TABLE 7.—RESIDENCE OF MOTHER

	ICG		ACG	
	Number	Percent	Number	Percent
Santa Ana	99	42	1,506	14
Anaheim	31	13	1,354	13
Garden Grove	17	7	660	6
Costa Mesa	14	6	418	4
Fullerton	9	4	494	5
Buena Park	8	3	312	3
Westminster	7	3	377	4
Placentia	6	3	179	2
Orange	6	3	529	5
Huntington Beach	6	3	853	8

Source: Welch, 1979: 3. I have excluded these cities with 2 percent or less births in either category.

When evaluating this data, the reader should keep in mind Welch's reservations, ". . . because of delays in the registration of allocated events and seasonal variations in the incidence of births, this series should not be regarded as anything close to a probability sample . . ." (1979:1), and his recognition of ". . . the implications of the obvious associations revealed in these data" (1979:1,6). Further analysis of a complete sample of inadequate care births in Orange County (below) confirms the trends revealed in Welch's data.

The members and staff of the Access to Prenatal Care committee were sufficiently impressed with the obvious implications of the Welch data to attempt to ascertain why Hispanic women in Orange County were not getting adequate prenatal care. We also wanted to establish more precise data on the consequences of inadequate access. To accomplish this task, we followed two tracks.

The first track involved the design, testing, and administration of the Access To Prenatal Care Survey. This questionaire was distributed to 237 women, who gave birth between June 7, 1980 and August 20, 1980, at the University of California Medical Center (UCIMC) in Orange, California (Hardy 1980). UCIMC was chosen as a research site due to the fact that 71% of the women in the inadequate care group delivered there (see Welch 1979:2).

The second track involved the drawing of a data set from Certificates of Live Birth that were registered in Orange County, California during the period of January 1, 1978 through June 30, 1978. Both of these tracks, and their respective data, were essentially abandoned by the committee.

The meaningfulness of the data in the Access to Prenatal Care Survey was questioned by the staff due to the ". . . total sample size and the number of women reporting no prenatal care" (Hardy 1980:1). Presumably, the objection relates to the proportion of women reporting no prenatal care in the Welch data (1979:1). Nonetheless, the responses generated by the survey are useful for understanding the sampled women's attitudes toward prenatal care. I believe that analysis of these attitudes is particularly important as a source of hypotheses in the absence of anything other than anecdotal reports.

The need to provide reports base on data is extremely important in the formulation of public policy with long and short term implications for Hispanic mothers, their babies, their families, and our perinatal care delivery system. Unfortunately, important players in the policy process subscribe to at least one belief that constitutes a stereotype, unsupported by any data. I was shocked when Dr. William Pren-

dergast, the Epidemiologist of the County of Orange, stated, before me and four members of his staff, that ". . . we all know that these women come from Mexico just to have their babies here." I replied that at best, this was an hypothesis, unsupported by data.

The birth certificate data was not analyzed by OCHPC staff due to reductions in the agency's budget, and a consequent reordering of priorities. At the time, I was a member of the Board of Directors, so I requested the data base in order to analyze the information. I felt that it was particularly important to analyze this data set, due to the complete demographic material it contained. The California State Legislature limited the amount of information that could be collected on birth certificates in subsequent years. Finally, I felt that the Health Planning Council's major effort to evaluate the appropriateness of Orange County's regionalized perinatal care system was inadequate, if it ignored a major source of neonatal mortality and morbidity: poor access to prenatal care for Hispanic women.

THE CERTIFICATE OF LIVE BIRTH DATA

I will now discuss the birth certificate data because it allows us to get a more complete picture of the ICG and AGC, and how a mother's ethnicity and other social facts are associated with access to prenatal care, neo-natal mortality, and low birth weight.

The birth certificate data was stratified into two groups. The first is a 100% sample of all live births registered in Orange County for which the mother had inadequate care. Inadequate care is defined as no prenatal care, or the receipt of prenatal care during the ninth month. There were 230 cases in this subset.

The second group contains 230 cases, and is drawn from certificates of live births registered in Orange County that indicate adequate prenatal care. The OCHPC staff matched the second group with the first. The variables that are matched are the age of the mothers, and the city or town of residence of the mother. A third variable, the mother's ethnicity, was also stated to have been matched (OCHPC 1980:1).

In my review of the data, it became apparent that the match for ethnicity was not complete. For the 178 Hispanic mothers in the ICG, there were 86 Hispanic mothers in the AGC. Since the Welch data indicate that Hispanic mothers represent approximately 15% of all mothers who delivered during the time period under consideration, the proportion of Hispanic mothers in the incompletely matched ACG sample, 41%, will skew rather than control, for any comparison between the two groups. Stated another way, any statistically significant association between Hispanic ethnicity and another variable (when the comparison is between the ACG and the ICG) will underestimate the association and level of significance. Before going on to the presentation of the data, I should point out that the first group, the ICG, is a 100% sample. Tests done within this population will be definitive of the associations among the variables tested.

In presenting the findings of the statistical tests, I will follow the format that I used in reporting Welch's preliminary analysis of the County data: profile of the at-risk mothers, mortality and morbidity data.

In Table 8, I test the relationship between Anglo and Hispanic representation in the adequate and inadequate care groups. Despite the overrepresentation of Hispanic women in the AGC, the relationship between Hispanic ethnicity and inadequate prenatal care is highly significant. In fact, far beyond the limits of conventional statistical significance. Hispanic mothers represent fully 82% (N=178) of the ICG (N=217). An Hispanic women was approximately 15 times more likely to receive inadequate care in 1978 than an Anglo woman.

TABLE 8.—TEST OF THE ADEQUACY OF PRENATAL CARE COMPARED WITH THE ETHNICITY OF THE MOTHER: ANGLO OR HISPANIC

	Adequate		Inadequate		Total
	Number	Percent	Number	Percent	
Anglo	124	59	39	18	163
Hispanic	86	41	178	82	264
Total	210	100	217	100	N=427

$x^2 = 74.56$, sig. = 0.0000, 1df
Number of missing observations = 33

Source: Certificates of Live Births, Jan. 1, 1978–June 30, 1978

Table 9 demonstrates that most of the women with inadequate prenatal care were born in Mexico: 65%, N=146. The association between the mother's birth in Mexico, and the receipt of inadequate prenatal care in Orange County, California is again far beyond the limits of conventional statistical significance: Sig. =0.0000. The mothers born in Mexico constitute 82% of the Hispanic mothers in the inadequate care group. Clearly, Hispanic women, of Mexican birth, are at relatively greater risk of receiving inadequate prenatal care.

TABLE 9.—TEST OF THE ADEQUACY OF PRENATAL CARE COMPARED WITH MOTHERS' PLACE OF BIRTH: MEXICO OR ELSEWHERE

	Mexico		Elsewhere		Total
	Number	Percent	Number	Percent	
Adequate care	56	27.7	174	69.3	230
		24.3		75.7	100
Inadequate care	146	72.3	77	30.7	223
		65.5		34.5	100
Total	a202	100.0	251	100.0	N=453

$x^2 = 75.83994$, sig. = 0.0000, 1df.
Number of missing observations = 7.

Source: Certificates of Live Birth, Jan. ., 1978–June 30, 1978.

Further analysis of the Certificate of Live Birth data indicated that the Hispanic women who received inadequate prenatal care and their husbands were drawn from the lowest levels of the work force, had received the least education, and were the lowest paid segment of the sampled population. I have not included the tables which describe this data due to their length and complexity; however, these findings were statistically significant.

Another significant factor associated with inadequate prenatal care was the previous death of a child. Table 10 displays the results of this comparison. There is a statistically significant association between the previous death of a child, and inadequate prenatal care. This association appears to have particular implications for identifying Hispanic women who are at risk of inadequate care.

TABLE 10.—TEST OF THE ADEQUACY OF PRENATAL CARE COMPARED WITH THE DEATH OF ANOTHER CHILD IN THE FAMILY

	Numer of dead children								
	0		1		2		3		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Adequate	226	51.5	3	17.6	1	33.3	0	0	230
		98.3		1.3		0.4		0	[1] 1.7
Inadequate	213	48.5	14	82.4	2	66.7	1	100	230
		92.6		6.1		0.9		0.4	[1] 7.4
Total	439	100	17	100.0	3	100.0	1	100	N=460

$x^2 = 8.83595$, sig. = 0.0317, 1df.
[1] Percent of row total of deaths.

Source: Certificates of Live Birth, Jan. 1, 1978–June 30, 1978.

Table II shows the relationship between Hispanic ethnicity, and the death of a previous child in the inadequate care group. This data suggests that only the Hispanic mothers in the ICG have experienced the prior death of a child. Further research on the circumstances of the child's death may shed light on the at-risk status of these mothers.

TABLE 11.—COMPARISON OF HISPANIC AND ALL OTHER FAMILIES BY THE DEATH OF ANOTHER CHILD IN THE FAMILY: INADEQUATE CARE GROUP ONLY

	Number of other children dead								
	0		1		2		3		Total
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
Hispanic:									
Yes	166		14	100	2	100	1	100	183
				7.7		1.1		0.5	
No	47		0		0		0		47
Total	213		14		2		1		N=230

$x2 = 4.71459$, sig. = 0.1939, 3df.

Source: Certificates of Live Birth, Jan. 1, 1978–June 30, 1978, Orange County, Calif.

Still another strong indicator of inadequate prenatal care is demonstrated in Table 12. This test indicates a highly significant association between illegitimate birth and inadequate prenatal care. A high proportion of the ICG births (14.3%, N=33) were out of wedlock. There was no significant association between ethnicity and illegitimacy.

TABLE 12.—TEST OF THE ADEQUACY OF PRENATAL CARE COMPARED WITH ILLEGITIMATE BIRTH

	Illegitimate		Legitimate		Total
	Number	Percent	Number	Percent	
Adequate	3	8.3	227	53.5	230
		1.3		98.7	100
Inadequate	33	91.7	197	46.5	230
		14.3		85.7	[1] 100
Total	36	100.0	424	100.0	N=460

$x^2 = 25.34460$, sig. = 0.0000, 1df.

[1] Percent of row total with adequate or inadequate care.

Source: Certificates of Live Birth, Jan. 1, 1978–June 30, 1978.

We can begin the review of the mortality data contained in the Certificates of Live Birth sample by reviewing the data in Table 13. This table provides us with the neonatal mortality rate of 30.43 per 1,000 live births. There are no statistically significant differences between the Hispanic and non-Hispanic rates of mortality in the inadequate care group. However, since the Hispanic women are over represented in this group, they have a higher neonatal mortality rate.

TABLE 13.—TEST OF THE RELATIONSHIP BETWEEN HISPANIC BIRTH AND NEONATAL MORTALITY

	Neonatal mortality				Total
	Yes		No		
	Number	Percent	Number	Percent	
Hispanic:					
Yes	5	71.4	178	79.8	183
		2.7		97.3	
No	2	28.6	45	20.2	47
		4.3		95.7	
Total	7		223		N=230

$x^2 = 0.00439$, sig. = 0.9472.
Number of missing observations = 0.
Neonatal Mortality Rate = 30.43 per 1,000.

Source: Certificates of Live Birth, Jan. 1, 1978–June 30, 1978, Orange County, CA.

35-186 O—84——17

In table 14, we can see the relationship between birthweight, and inadequate prenatal care. When we compare the percentages of low birthweight infants, in the ACG and the ICG, a sharp contrast emerges. Mothers with inadequate care gave birth to 69.2% of the low birthweight infants. Mothers with adequate care gave birth to 30.8% of the low birthweight infants. The risk relationship is most clearly revealed by comparing the percentages of women with adequate and inadequate care, who gave birth to the low birthweight infants. Of the mothers with adequate care, 5.3% gave birth to low birthweight infants. The mothers who received inadequate prenatal care were over four times more likely to give birth to a low birthweight infant. The association between low birthweight and inadequate prenatal care was statistically significant at the .01 level.

TABLE 14.—TEST OF THE RELATIONSHIP BETWEEN BIRTHWEIGHT AND THE ADEQUACY OF PRENATAL CARE

	Birthweight				Total
	<2,445 grams		>2,446 grams		
	Number	Percent	Number	Percent	
Adequate care	12	30.8	216	52.3	228
		5.3		94.7	
Inadequate care	27	69.2	87	47.7	114
		23.7		76.3	
Total	39	100.0	413	100.0	N=452

$x^2 = 5.7752$, sig. = 0.0163, 1df.
Number of missing observations = 8.
Source: Certificates of Live Birth, Jan. 1, 1978–June 30, 1978.

Within the inadequate care group, there is an association between low birthweight, and Hispanic ethnicity. Table 15 shows that Hispanic mothers gave birth to 92.9% (N=26) of the low birthweight babies. The other mothers gave birth to only 7.1% (N=2) of the low birthweight infants. Hispanic mothers, with inadequate prenatal care, were 13 times more at risk of delivering a low birthweight infant than the other mothers. The association between Hispanic ethnicity and low birthweight within the inadequate care group is statistically significant at the .0163 level.

THE ACCESS TO PRENATAL CARE SURVEY

I now return to an analysis of the Access to Prenatal Care Survey, conducted at the University of California, Irvine, Medical Center. When this questionnaire was designed, ethnicity was identified by the language spoken by the respondent. The research instrument was available in either Spanish or English. This is an important fact since I had access to a summary of the results, and not the original, completed questionnaires when I analyzed the data.

Table 16 shows the number and percent of women in each group, who answered English or Spanish language questionnaires. Only two (6.25%) of the 32 women in the ICG responded in English. Thirty of the ICG women responded in Spanish. Clearly the responses of the women in the inadequate care group represent the attitude of the Hispanic women who are overwhelmingly represented in the inadequate care group. Below I discuss the three questions where there were statistically significant differences in the responses of the women in the ACG and ICG.

TABLE 15.—COMPARISON OF LOW BIRTHWEIGHT BIRTHS WITH HISPANIC AND NONHISPANIC NEONATES: INADEQUATE CARE GROUP

	Birthweight				Total
	<2,500		>2,500		
	Number	Percent	Number	Percent	
Hispanic:					
Yes	26	92.9	153	78.1	179
		17.0		83.0	

TABLE 15.—COMPARISON OF LOW BIRTHWEIGHT BIRTHS WITH HISPANIC AND NONHISPANIC NEONATES: INADEQUATE CARE GROUP—Continued

	Birthweight				Total
	<2,500		>2,500		
	Number	Percent	Number	Percent	
No	2	7.1	43	21.9	45
		4.65		95.35	
Total	28		196		N = 224

[1] = 4.529, sig. = > .05, 1df.
Number of missing observations = 6.

Source: Certificates of Live Birth, Jan. 1, 1978–June 30, 1978, Orange County, Calif.

TABLE 16.—ENGLISH OR SPANISH QUESTIONNAIRES

	ICG		ACG	
	Number	Percent	Number	Percent
English	2	6.25	45	52.94
Spanish	30	93.75	40	47.06

Source: OCHPC/UCIMC Access to Prenatal Care Survey, 1980.

Table 17 shows how the women responded to the statement, "Women of different ethnic or racial groups have trouble getting good prenatal care" (Hardy 1980:10). These results indicate that the women in the inadequate care group tend to perceive a racial or ethnic barrier to prenatal care. The association was statistically significant at the .0095 level.

TABLE 17.—TEST OF A PERCEIVED RACIAL BARRIER TO PRENATAL CARE COMPARING ADEQUATE AND INADEQUATE CARE GROUPS

	Adequate		Inadequate		Total	
	Number	Percent	Number	Percent	Number	Percent
Agree	10	22.2	8	66.7	18	[1] 31.6
Disagree	35	77.8	4	33.3	39	[1] 68.4
Total	45	100	12	100.0	N = 57	

[1] = 6.73, sig. = .0095, 1df.
[1] Precent of total number.

Source: OCH/C/UCIMC Access to Prenatal Care Survey, 1980.

In Table 18, we see how the ACG and ICG mothers responded to the statement, "Women know what to expect about pregnancy from prior family experience" (Hardy 1980:15). The mothers with inadequate prenatal care tended to agree with this statement. This association was statistically significant at the .0067 level. Given the risk factors associated with inadequate care, this attitude constitutes a myth that needs to be vigorously refuted.

TABLE 18.—TEST OF THE STATEMENT "WOMEN KNOW WHAT TO EXPECT ABOUT PREGNANCY FROM PRIOR FAMILY EXPERIENCE" COMPARED WITH ADEQUATE AND INADEQUATE CARE GROUP

	Adequate		Inadequate		Total
	Number	Percent	Number	Percent	
Agree	35	54.7	16	94.1	51
Disagree	29	45.3	1	5.9	30

TABLE 18.—TEST OF THE STATEMENT "WOMEN KNOW WHAT TO EXPECT ABOUT PREGNANCY FROM PRIOR FAMILY EXPERIENCE" COMPARED WITH ADEQUATE AND INADEQUATE CARE GROUP—Continued

	Adequate		Inadequate		Total
	Number	Percent	Number	Percent	
Total	64	100.0	17	100.0	N=81

$x^2 = 7.34424$, sig. = .0067, 1df.

Source: OCHPC/UCIMC Access to Prenatal Care Survey, 1980.

The final tables show how the ICG and ACG plan to pay for their deliveries.

In Table 19, I have compared how the sampled women plan to pay for their care. There were significantly different strategies used by the ICG and ACG mothers. Seventy-five percent of the ICG mothers planned to use personal funds to pay for their care. Only 28.8% of the ACG mothers planned to pay for their care with personal funds. If these strategies are carried out, the ACG mothers will, by in large, be covered by insurance. The ICG mothers will pay in cash.

TABLE 19.—TEST OF THE SOURCES OF REIMBURSEMENT FOR PRENATAL CARE COMPARING PERSONAL FUNDS WITH INSURANCE

	Adequate		Inadequate		Total
	Number	Percent	Number	Percent	
Insurance: Private/Public	42	71.2	4	25	46
Personal funds	17	28.8	12	75	29
Total	59	100	16	100	N=75

$x^2 = 9.45779$, sig. = .005, 1df.

Source: OCHPC/UCIMC Access to Prenatal Care Survey, 1980.

In Table 20, I compared the use of MediCal and private funds by women in the ICG and ACG groups. The number of women in the ICG who planned to use MediCal is exactly the same as the number of women in Table 17, who planned to use insurance (25%, N=4). Evidently, MediCal is the only source of insurance for the ICG women. MediCal is also a significant source of reimbursement for the women in the ACG who deliver at UCIMC.

TABLE 20.—TEST OF THE SOURCES OF REIMBURSEMENT FOR PRENATAL CARE COMPARING PERSONAL FUNDS WITH MEDICAL

	Adequate		Inadequate		Total
	Number	Percent	Number	Percent	
MediCal	34	66.6	4	25	38
Personal funds	17	43.4	12	75	29
Total	51	100	16	100	N=67

$x_0 = 23.725128$, sig. = 0.0000, 1df.

Source: OCHPC/UCIMC Access to Prenatal Care Survey, 1980.

COMPARABLE DATA: 1981

To establish trends in Hispanic access to prenatal care, I submitted a request for data, comparable to the above, to the Division of Epidemiology of the Orange County Department of Public Health. In this request, I included copies of the tables I derived from the OCHPC/UCIMC survey, the Certificate of Live Birth data, and I

made reference to the Welch data. I met with Dr. Prendergast, and some of his staff to discuss my request, and to review the data.

The epidemiology staff told me that it would take four months to generate comparable data. They cited staff commitments to current projects, and problems with generating data that was comparable to the definition for adequate and inadequate care, and low birth weight. The county epidemiologists did provide me with one set of data from 1981. This data is portrayed below.

Table 21 compares the number and percent of white and Hispanic low weight births by trimester of care, or no care. This data is not entirely comparable since the definition of inadequate care includes those women who received care in the ninth month. This fact will skew the results by lowering the number and percent of women in the inadequate care group. Nonetheless, the proportions are not encouraging as 3.2% of the Hispanic women received no prenatal care, while .3% of the Anglo women received no care. In other words, a Hispanic woman is ten times more likely than an Anglo woman to not receive prenatal care.

TABLE 21.—COMPARISON OF ANGLO AND HISPANIC LOW WEIGHT BIRTHS BY TRIMESTER OF CARE OR NO CARE

	Anglo		Hispanic	
	<2,500 g	>2,500 g	<2,500 g	>2,500 g
Trimster of care:				
1, 2, 3	888	18,193	440	8,914
Percent	99.14	99.75	94	97
None	8	47	28	270
Percent	.86	.25	6.0	3
Total	896	18,240	468	9,184

Source: Orange County Department of Public Health, Division of Epidemiology.

A similar pattern prevails when we look at the percent of low weight births with no prenatal care. A total of 6.0% of the low weight Hispanic births had no prenatal care. In contrast, only .89% of the Anglo low weight births had no prenatal care. Hispanic women with low weight births were over six times more likely than the Anglo mothers to have not had prenatal care.

CONCLUSIONS

It is clear from the above that Hispanic women experience a higher rate of neonatal infant mortality and low weight births than Anglo women in Orange County. It is also apparent that there is a profile of Hispanic women who are particularly at risk of not receiving prenatal care. By and large, it appears that these women are undocumented aliens, though this is not always the case. In the absence of prenatal care, the infants of these women are exposed to conditions of interuterine development that unnecessarily threaten the infant's life, and/or diminish the potential quality of the child's future life. Neligan, Kolvin, McIScott, and Garside point out that, ". . . when a child's growth pattern has already been severly impaired by the time he is born, his whole subsequent development may be significantly impaired in a manner which cannot be remedied by improvements in postnatal care" (1976:93). Other researchers (Dobbing and Sands 1973) have reached similar conclusions.

Yet today, in Orange County, the Department of Public Health has placed a cap on the number of undocumented women who can be seen in any month at the Public Health Prenatal Clinics. This policy tends to place a disproportionate burden of unrealized and permanently impaired intellectual potential on the Hispanic child, family, and community.

BIBLIOGRAPHY

Colon, Jose. 1983 Hispanic Access To Prenatal Care, The Bulletin of the Orange County Medical Association, Vol. LLI (7):22-24.

Dobbing, J. and J. Sands. 1973 "Quantitative growth and development of the human brain." Archives of Diseases in childhood, 48, 757.

Hardy, Judith. 1980 Unpublished manuscript, Access To Prenatal Care Survey, Orange County Health Planning Council.

Neligan, G. A.; I. Kolvin; D. McIScott; R. F. Garside. 1976 Born Too Soon or Born Too Small, Clinics in Developmental Medicine, No. 61, Spastics International Medical Publications, Philadelphia: J. B. Lippincott Co.
Welch, Michael. 1979 Unpublished document, Preliminary Analysis of 1978 Births, Public Health and Medical Services, County of Orange, Human Services Agency.

CALIFORNIA STATE UNIVERSITY, FULLERTON,
DEPARTMENT OF ANTHROPOLOGY,
Fullerton, Calif., November 28, 1983.

Congressman JERRY PATTERSON.

DEAR JERRY: I am enclosing a recently published paper which may be useful in your coming hearings re children in Orange County. Unfortunately, the changed schedule makes it impossible for me to attend although I had looked forward to being part of the proceedings in the original time set.

Congratulations on your bringing these critical issues to the public in our county. I have benefited tremendously from attendance at the two recent "Women's Forums" and am delighted to see the expansion in the direction of total family concerns. Not only I, but my students and my fellow members of the Orange County Labor Council follow the proceedings whether we are in actual physical presence or on the sidelines because of work schedule conflicts.

Keep up the good work!

Sincerely,

CORINNE SHEAR WOOD, Ph.D., *Professor.*

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EARLY CHILDHOOD, THE CRITICAL STAGE IN HUMAN INTERACTIONS WITH DISEASE AND CULTURE

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Abstract—This paper examines the continuous interactions between evolving *Homo sapiens* and the multiple health-related factors that significantly have shaped the course of human evolution. Early childhood, particularly the precarious post-weaning stage, is seen to be the most critical period determining survival in disease confrontations.

Selection for the fundamental biological defenses predated human emergence; however, human cultures add a significant dimension to disease patterns. Specific configurations of disease are intimately related to human economics, social structure and political interactions as well as macro- and micro-environmental factors.

INTRODUCTION

Human populations living today possess genetic and cultural endowments derived from a long evolutionary history of continuous interactions with disease. The parasites responsible for many human illnesses have a much longer history but have been equally subject to evolutionary pressures that shape their survival. Humans enter the conflict with advantages derived from selected biological responses, augmented by technology and other cultural resources. The parasites are armed with powerful biological weapons, but their adaptive ability depends primarily upon their vast reproductive capacity, permitting logarithmic increases in population numbers often in minutes.

The basic evolution of *Homo sapiens* took place in the presence of quite different disease configurations from those that have become crucial since the introduction of the agricultural way of life. Throughout human evolution, environmental factors including the means of making a living and associated cultural adaptations have been critical in determining not only whether life would go on in a given environment, but also the quality of the life that was possible there.

The basic defensive mechanisms, including fever, phagocytosis and antibody-antigen reactions were present when warm-blooded mammals emerged some seventy million years ago. Evidence of recovery from bacterial infections as well as the presence of abscesses and pus formation in earliest reptiles is indicated unmistakably in the paleopathology record [1–3].

Theoretically, as members of the same biological species, all living humans are vulnerable to the same disease configurations. However, historical, cultural and environmental factors emerge as critical determinants of many populations' medical histories. The disease patterns crucial in evolutionary selection are those most intimately associated with the specific environment in which a given population lives and where many of its ancestors have lived before. Particularly, the diseases encountered in each generation's lifetime are directly associated with the means by which they and their families practice a subsistence pattern.

SIMILARITIES IN PRE-HISTORIC RECORD

Many peoples today live in circumstances not unlike those that probably obtained for thousands of years of early village sedentary life, following the adoption of agriculture and animal husbandry. They are represented under the ambiguous umbrella terms, 'developing world' or 'Third World.' The archaeological record as well as current studies of living populations confirm William's and Jelliffe's [4] observation concerning the "basic sameness in the overall pattern of ill health" seen particularly in the children of these areas. Concentrating on radio-opaque transverse lines of long bones and on teeth enamel defects, Clarke [5] examined 59 individuals from the Dickson Mounds. Although there is not complete unanimity of interpretation of these "Harris lines", nevertheless Clarke notes (p. 82) the existence of a "... remarkable commonality of occurrence of morbidity at approximately age two...". Apparently, the most critical period in postnatal human life, when selections related to disease pressures undergo their most crucial tests, is in the first few years of life, particularly the precarious period following weaning from the mother's milk. This fact is made manifest repeatedly in the findings of many investigators.

Rose *et al.* [6] using enamel formation disturbances and skeletal indicators of porotic hyperostosis in a similar prehistoric population of the North American midwest, report a doubling of infectious lesions in the Mississippian as compared with the Mississippian Acculturated Lake Woodland populations accompanied by an earlier onset. They find that the pattern of pathological conditions follow the rank order of dependence on maize agriculture, increased population density, more trade networks, and social organization complexity. Concentrating on Wilson Bonds in association with severe disease episodes, they find a peak at 2.25 years which they interpret as a "... high prevalence of a single stress, possible weanling diarrhea or associated infections" [6, p. 515].

Bennett [7, p. 230] comments on the "excessively high mortality during infancy and the very early years of life". He finds more than 35% of the deaths of a

small Apache settlement in Arizona, dating from 500 to 900 years ago, were associated with the children who today would be labelled 'preschool'. In an examination of investigations of five prehistoric populations (Sudanese, Nubia, Lake Woodland, Middle Mississippian and Arizona) Clarke [8] finds the same striking disproportionate mortality among the similarly narrow age group.

SPECIAL PRESSURES ON VILLAGE CHILDREN TODAY

Many contemporary populations living in comparable circumstances exhibit the same vulnerability of the weanlings among them. Much of the evidence points to a combination of similar elements responsible for this consistent finding. Amoung the KarKar Islanders of New Guinea, Hornabrook *et al.* [9] found a 39% malaria infection rate among the children living in the coastal villages. Except for an infrequent appearance of Thallasemia, there were no indications of the abnormal hemoglobins associated with evolved resistance to malaria. On the other hand, they found severe anemia (mean value of all age groups, 9.2 g/100 ml whole blood; for pregnant women, 8.3 g), perhaps related to the comparatively newly-introduced malaria, perhaps to the high rates of helminthiasis (42–54%), or as Hornabrook *et al.* [9] suggests a result of inadequate dietary intake of iron. As is true for so many other societies, a combination of any of these variables is likely to be responsible for the conditions found. Examining conditions affecting health in St Vincent in the Caribbean, Antrobus [10] found the familiar pattern recurrent in virtually all examined areas of the developing world: deaths of children under age two account for slightly more than 40% of the total mortality. Malnutrition, associated with gastro-enteritis is responsible for nearly half of the deaths, with neonatal and respiratory diseases next in importance. The common triad of helminths: ascaris, hookworm and trichuris, are widespread, and in St Vincent *Entamoeba histolytica* is added. Given the deficiencies of sanitation and hygiene in prehistoric sedentary societies, it is likely that this same configuration has a history as old as early agriculture. These intestinal parasites are especially common in tropical and semitropical climates, particularly in poorer countries. McHale *et al.* [11] observe that heavy infestations of these parasites may reduce absorption of proteins and certain vitamins, thus are likely to cause malnutrition and subsequent inadequate responses to other diseases even in a child who may have a relatively adequate diet [11].

Similar assaults on the very young are found in a recent study of children in Western Samoa in which more than half of the 285 village children studied exhibited low levels of hemoglobin, packed cell volumes and mean corpuscular hemoglobin concentrations, accompanied by high levels of eosinophilia*. Here also, infestations with the same intestinal helminths, ascaris, hookworm, tricuris, were found, particularly among children who had reached the toddler stage [12].

The vulnerability of this age group, especially in the developing countries, is almost invariably a result of the synergistic effect of nutritional distress in the presence of rapid growth requirements, plus disease impact, accompanied by the psychological trauma of the weaning process. Studies of settled aboriginal children of Australia, add a factor of bowel malabsorption further burdening the threatened child [13]. Further, Scrimshaw [14] finds that many diarrheal disease in weakened children are caused by micro-organisms that are not normally pathogenic for the healthy, well-nourished child.

The interdependency of each of the possible influencing variables makes any attempt to project a hierarchy of importance a difficult task, with critical variations present both within and between given communities.

At weaning time much of the nutritional distress in many areas of the world derives from real shortages of food, but quite often much of the problem is rooted in unfortunate traditional beliefs and customs which produce a child's diet that frequently is deficient in protein and often too low in total energy as well. This circumstance, coupled with the newly-mobile child's exploratory activities with his expanded circle of contacts—all usually in conditions of poor sanitation—combine to open avenues of entry for multiple infections and intestinal parasites. The illnesses can overtax newly-developing immunological responses while the intestinal parasites rob the growing body of scarce nutrients.

Jelliffe [15] labels the weanling onslaught, "conditioning diseases". The negative aspect of the 'conditioning' refers to the frequent phenomenon in which the beleaguered child succumbs to diseases which, in better circumstances, are experienced as ordinary childhood illnesses, when recovery after a brief period of sickness is the rule. It is possible to view the 'conditioning' as playing a positive role in that this is the time when the child is on his own, no longer protected by the passive immunity present in his mother's milk, a time when it may be critical to have his immunological mechanisms stimulated. For most children these are the same forces that will be confronted throughout a lifetime spent in the same environment. There is little basis for doubting that this has been true throughout most of human evolution.

The weaned child, then, lives in the time of most intensive selection for confronting the disease challenges presented by his native habitat. The children who survive are those whose nutritional, psychological, immunological and general physiological condition permits them to produce adequate responses. Those who respond inadequately become part of the statistical mortality record. Jelliffe [15] offers the following relevant data:

> While the infant mortality rate (I.M.R.) has been used as an indicator of the health of a community, it is now realized that, while the I.M.R. in developing regions of the world may be ten times as high as in industrialized countries such as England and North America, the one four year old mortality rate may be 30–50 times as great.

In the developing areas of today's world, those children who survive confront continuing disease press-

*'Eosinophilia' refers to an increase in numbers of certain white blood cells, frequently found in association with parasitic infestations.

ures throughout a precarious childhood. The average child, studied in a village of Costa Rica, suffered each year 47 sick days from upper respiratory illnesses, 40 days of gastrointestinal ailments, plus uncalculated morbidity from multiple intestinal parasite infestations [16]. Likewise, the children of a small village community in Iran, had an infant mortality rate of 155/1000 live births, with respiratory infections and gastro-enteritis the primary causative agents. These infants who survived experienced increased attacks throughout their second year of life [17].

DIFFERING EXPERIENCES WITH CHILDHOOD DISEASES

Measles stands out as an example of a childhood disease with an impact that reflects the child's environment-associated problems. The World Health Organization [18] reported a measles mortality rate of 0.1–0.5/100,000 population in the U.S.A. in 1962 while in Mexico the death rate from the same virus was 85 times higher, and in Guatemala and Ecuador, 268 and 274 times higher, respectively. Further, it was found that in the Third World countries the common onset of measles is at a much earlier age than for children who live in industrial, wealthy nations. Comparable experiences are recorded for other diseases such as whooping cough and primary herpes simplex. The specific death rate from diarrheal diseases for Guatemalan children aged 1–4 is greater than 500/100,000 population while in the U.S.A. and Canada, the rate is 2.8 for comparably aged children [19].

There are important evolutionary selection consequences that accompany the high I.M.R. of harsh environments. Often when death is averted by the child born into a poor village life, morbidity is severe and recovery from any number of illnesses may not be complete, particularly in the presence of deficiencies of vital nutrients. Thus, the W.H.O. adds:

> It has been known for some time that children with meningoccal meningitis, diarrhea, febrile tuberculosis, measles, whooping cough, severe chicken pox, and other acute infections often develop keratomalacia, commonly ending in blindness [18, p. 20].

Curtailment of growth is one of the fundamental adaptations selected for confrontations with the barrage of disease attacks:

> Evidently, the child in an adverse environment instead of using his available amino acids for skeletal growth, is mobilizing and redirecting them so that he can best deal with the stress to which he is adapting [20, p. 87].

The same phenomenon is documented in many other studies, including one of Mexican village children [21] and of Guatemalan children [22] with particular emphasis on protein-calorie malnutrition relationship in "... the permanent stunting of most of mankind" [23].

PRENATAL INFLUENCES

Even more at risk and less likely to surmount the environmental challenges are the children whose birth weight of less than 2500 g places them in the low-for-gestation-age, or low birth weight babies (L.B.W.). The relationship to environmental pressures is readily apparent. More than 95% of the approx. 22 million live born L.B.W. infants delivered each year, about 1/6 of the total number of global live births, are born in the developing countries. Undoubtedly, these figures reflect the disease pressures that have affected the mothers as well as their inability to accumulate the 50,000 calories required to maintain a normal pregnancy [24].

The ability to produce living children who, in turn, will successfully respond to their environment's disease pressures and will reproduce themselves, is tied inextricably to the disease configurations and the cultural circumstances that confront the reproductive woman and her children. Statistically, to possess the best chances for survival, a child should spend his/her antenatal period, alone, in the womb of a healthy, well-nourished woman. Chase [25] points out that this mother is likely to be a member of her society's higher status. Further, this mother should be between the ages of 20–30 [15], at least average or taller than average for her population [26], relatively free of intestinal parasites, and unburdened by more than 2 or 3 other children, each of whom are at least 2 years apart.

Further, the successful, unborn child is not likely to be among the twelve percent of the world's fetuses who are dependent on a diseased or malfunctioning placenta. In a comparison of placentas from middle class Bostonians and low-socioeconomic-status mothers in Guatemala, a 25% reduction in total mass of active placental tissue was found in the Guatemalan series, frequently associated with inflammation, suggesting chronic infection and positively correlated with lowered birth weight for the dependent baby [27].

Similarly, intra-uterine infections, as measured by cord IgM levels, were ten times more frequent among the Latin American village populations studied than among the urban poor of a U.S.A. population or among mothers who were well-to-do in Latin America [28]. In a related study, levels of immunoglobulins in cord serum of Guatemalan village newborns were measured. Elevated IgM levels were associated with a greater frequency of maternal infection, fetal antigenic stimulation and intrauterine growth retardation [29].

One may question whether the increased immunoglobulins contribute sufficiently to the child's disease responses to compensate for the accompanying disadvantages; nevertheless, an impressive level of immunological resilience ensues. There can be little doubt, however, that the infant, born into the adverse conditions depicted for most village environments of the developing world—and probably of the prehistoric villages—has, and had, need of all the immunological back-up available to him or her.

CULTURAL FACTORS

In many societies, further selection pressure is added to the existing environmental stresses through cultural practices that tend more to give aid and comfort to the disease forces than to the human host. Some of the practices encountered suggest a possible unexpressed attempt to regulate population pressures.

Thus, among the Bobo-Oule of Upper Volta, studies reveal a 35% death rate, most commonly at the end of the first week of life, as a result of *Clostridium* infection, introduced from the custom of rubbing soil on the freshly-severed umbilical cord [30]. It may be speculated that in an environment where tetanus is endemic and artificial immunization uncommon, the 65% of the neonates who do survive would be protected by the immunological stimulation resulting from this practice. They would not be as likely to die at a later age from this disease after a greater resource investment in them had been made.

Retal-Laurentin and Benoit offer a hypothesis related to a possible underlying selection motivation governing many customs of this nature:

> "... child care is improved when children are scarce. In fact, in the absence of preventive health services, it would seem that the risk of contracting an epidemic and even endemic disease is reduced when the density of the child population is low" [30, p. 293].

Similar cultural practices that invite speculation, but for which direct assessment is impossible, are found in many other societies. Antrobus [10] reports for St Vincent the destructive practice of administering castor oil to begin weaning while a similar custom for newborns, purportedly based on the belief that all babies are born with worm infestations, is recorded from studies conducted in Guatemala [31]. The practice of removing babies from their mothers' milk because of mistaken ideas about the color of the milk throughout Polynesia and Melanesia [32] is another case in point. Jelliffe reports the same concern with the milk's color among the Zulu, with the same unfortunate consequences [33].

The widespread custom of withholding nourishment from a pyrexic child has been reported widely [33, 38, 39]. In the presence of illness, the results of this practice are further dehydration and electrolyte imbalance compounded by the frequently-present malnutrition. Likewise, the W.H.O. reports that in many areas traditional treatment of certain illnesses dictates the use of strong purgatives and indigenous vermifuges which interfere with absorption from the gut and so may worsen the nutritional status and general immunological resources irrevocably [18]. To this list can be added the common practice in Guatemala of withholding all food from the newborn for 3 days and later withdrawing all protein foods from the child who is stricken with diarrhea [31] while Mata *et al.* attribute the enteroviruses found in almost 28% of the Guatemalan neonates they studied to unspecified childbirth and child-rearing customs, noting particularly the "fecal contamination occurring at birth and shortly thereafter" [22, p. 253].

That humans have persisted in ever increasing numbers gives strength to the argument that the positive beneficial practices in the struggle against disease have outweighed the detrimental ones. Unquestionably, the strongest cultural attribute contributing to survival—and to the greatly increasing numbers of humans since agriculture became the primary way of life—has been the high value of a large family in terms of status and prestige as well as religious and economic benefits. It is not unlikely that the majority of practices that seem scientifically inappropriate derive from mistaken traditional assessments for the best means of coping with disease problems of the environment.

On the positive side, Williams and Jelliffe stress the important prophylactic effects against subsequent iron deficiency anemia accruing from the common traditional practice of delaying the cutting of the umbilical cord until the placental blood has drained into the newly-delivered child [4]. A somewhat equivocal belief may be seen as at least permitting survival in the Zulu practice reported by Jelliffe, when the milk from one breast of a woman may be deemed poisoned by evil forces, but the other remains good, thus introducing "unilateral breastfeeding" [33].

IMMUNOLOGICAL RESPONSES TO DISEASE PRESSURES

The child who surmounts the environmental and cultural disease pressures survives in proportion to the strength of his own immunological resilience. This truism is as much in effect today as it has been throughout human evolution. His nutritional state constitutes a fundamental determinant governing his immunological responses. W.H.O. investigators report reduced lysozyme levels in tears and saliva of malnourished subjects [18]. Jose and Welch find among Australian aboriginal children that most intestinal parasites become established only after malnutrition and disturbance of bowel function are manifest. While, "... the normal child has the capacity to remove the majority of infecting organisms and to reduce others to minimal loads" [13, p. 355].

Their findings are substantiated by the W.H.O. report which states:

> There is clear evidence that the development of hookworm disease after infection takes place is influenced by the state of the host's iron reserves and probably also by depletion of the exchangeable albumin pool [18, p. 11].

The process becomes a vicious cycle when infections become well established. The hookworm seems to thrive in a weakened body; the loss of iron reserves due to the hookworm's gluttony depletes the host's reserves even more. Similarly, many other intestinal parasites—ascaris an excellent example—tend to intensify their numbers more readily in disadvantaged hosts with the consequence of suboptimal stores becoming further depleted. Shigella infections, pneumonia, hepatitis B and tuberculosis are more frequent and more severe in malnourished individuals as well as in low-birth weight babies [36]. A report of significant proliferation in numbers of Salmonella injected into vitamin A- and B complex-deficient rats as compared with the numbers found in well nourished animals adds to the evidence [13].

Further, in diseases such as malaria, the host and the plasmodium apparently compete for the available glucose in the body. This competition may be quite critical in the light of findings indicating that L.B.W. infants have lower glucose levels than do normal birth weight newborns [37, 38].

Metcoff [39] finds reduced pyruvate kinase and adenylate kinase activities in white blood cells isolated

from cords of L.B.W. babies and from older children with protein calorie malnutrition. Chondra [36] adds to the evidence of immunological impairment in poorly nourished children, finding particularly low concentrations of IgG and IgA in marasmic children. He attributes these deficiencies to a probable reduction in numbers of globulin-producing plasma cells.

Among nutritionally-handicapped children, frequently the complement system and interferon production are also impaired. In addition, the numbers of T lymphocytes are reduced and Chondra [36] adds that in malnutrition, there is a relative increase in the number of null cells without the surface characteristics of T or B lymphocytes.

One result is that many children in poorer areas of the world produce significantly lower levels of antibodies than do normal, well-nourished children, particularly when immunization is attempted with attenuated measles and polio vaccines. This may also be a factor in the frequently reported geographical differences in measles as experienced by children in different regions of the world. For example, the W.H.O. records that the severity of measles in African infants with Kwashiorkor is not observed in equally undernourished Asian children [18]. On the other hand, one cannot dismiss the possibility of a mutant, more virulent strain of the virus in Africa, or of a longer association, hence a more effective immunological response among the Asian populations.

In populations subject to intense disease pressure, as has been stated above, one primary biological option is to postpone growth and divert precious nutritional resources to the more pressing immunological struggles. Unusually high immunoglobulin levels, indicative of the total disease burden are common particularly in growth-retarded, but non-marasmic children [13]. IgM levels reaching adult ranges by the age of 12 months are reported among Australian aboriginal children while IgG levels were found to be six times normal at 4 years of age [13]. A related study in Guatemala found 100% of the mothers studied had one or more important intestinal parasitic infections and 43% of the village infants demonstrated cord IgM levels ten times higher than that of a control group of consecutive newborns from a low income group in the U.S.A. [22].

On the other hand, in a more recent study, Mata *et al.*, comment on "... the remarkable intestinal resistance to infection by enteropathogenic bacteria and protozoa, ..." among the normal birth weight infants. They note for the Guatemalan population studied that morbidity rates were lower in the younger infants and also many of the infectious diseases appeared to have less effect on the infants than on the older children. Their findings applied to the normal birth weight infants but not to the low birth weight or premature babies, both of these latter groups suffering greater susceptibility to disease and death [29].

One may speculate that the prehistoric child, as well as the one living in environments present in much of the Third World today, possessed the best chances for survival if he were subjected to a precarious balance of intrauterine infection, enough to prime early immunological processes, but not so much that adequate growth would be suppressed and immunological capabilities overwhelmed. The infant mortality rates and fetal wastage found in developing areas today indicate that the odds often are not with the child; the prehistoric record mirrors a similar picture.

DISEASE AND ENVIRONMENTAL FACTORS

In any consideration of disease and human evolution, the most obvious components guiding the evolutionary selection are factors present in the environment. Many of these variables are readily apparent, for example, the potential for year-round lush growth of micro-organisms and disease vectors in the tropics, or the depletion of water and electrolytes in areas of high ambient temperatures or the effects of hypoxia on birth weights in high altitude regions.

However, many significant elements that contribute to the disease experience of a people are less obvious. These are appropriately termed 'micro-environmental factors'. Hornabrook' *et al.* offer examples of the micro-environmental disease pressures in operation on KarKar Island [40, 9]. From village to village there were notable differences in energy intake. In the village of Kaul, for example, they recorded an average daily energy consumption of 1930 kcal, approx. 44 kcal less than the observed expenditure of energy. The inhabitants of the neighboring village Lufa, on the other hand, were found to have energy intake and output that were in appropriate balance. The differences between the two neighboring villages were miniscule, but nonetheless critical in the determination of health patterns.

Hypochromic anemia was widespread, but more prevalent in the highland villages than in the lowland. The suspected association of the anemia with malaria, filaria, and helminthic infections also revealed the mini-differences in distribution of these diseases in varying parts of the island. Hookworm was found to be the most prevalent intestinal parasite among the southern Takia people, while Ascariasis was the most common intestinal disorder on the Weskia side of the island.

Studies of a Costa Rican village suggest that access to land appears to be the primary variable affecting nutrition and subsequent health status [16]. Many other differences, some seemingly trivial at first glance, emerge as critical determinants of the child's survival. As a case in point, Kanawati and McLauren compared two groups of Lebanese village children aged 2–48 months; one group was thriving and the other failing to thrive. The difference in income of the parents of the children of the two groups was approx. U.S. $10 per month more in the thriving children's families. The average size of the families of the thriving children was 4.4 but for the failing to thrive children's families, 5.1 [41].

Apparently, pre-historic populations encountered the same degrees of variation, even among those in closely related environments. In a study of skeletal remains of pre-Columbian Peruvians, Allison *et al.* found differences in the prevalence of Harris lines, ranging from 33 to 110%, and apparently related to habituation in coastal versus inland villages [42].

HEALTH AS A FUNCTION OF SOCIAL AND POLITICAL FACTORS

The way of life, whether hunting and gathering; sedentary combinations of hunting, gathering and horticulture; pastoralism, agricultural peasantry; urban poverty or industrial occupation; each bears its own configuration of disease-related pressures. This fact is readily apparent and recognized by students of human health. However, a less obvious determinant, with implications for pre-historic societies, emerges in today's world.

Political and social forces within any given society may be the critical, and for many, the least controllable factors, shaping the health conditions under which a given population will spend its lifetime. Studies of human growth and development in relationship to health find that one condition supercedes virtually every other environmental variable: good health, including normal growth, reduced morbidity, and inevitably, survival itself, are directly a function of family wealth and status throughout the world [28,37,43].

Cravioto *et al.* from their findings in Mexico echo this thesis:

> Whether the picture is of the broad differences between rich, productive and the underdeveloped regions, or between social classes in this or any other country, there is always a gradient with wealth in quantity and quality of diet associated with parallel gradients in rate of growth and adult stature, physical performance, mental ability, and resistance to disease [43, p. 4].

To an extent inadequately recognized, health budgets of developed and developing societies determine childhood morbidity and mortality rates. Priorities for development, sanitation and health essentially reflect political processes; however, those most vulnerable to disease pressures, the infants and young mothers, have invariably been the members of their societies with the weakest political voices. In societies where adequate resources have been appropriated for sanitation and preventative approaches to health concerns, the vital statistics have reflected the wisdom of these decisions. Too often, however, priorities favoring public sanitation, immunization programs, maternal education and care, nutritional improvement for reproductive women and their children lose out to ameliorative aids for the diseases of middle and old age—cardiovascular problems, diabetes, gout and other so-called degenerative diseases which plague the politically strong groups controlling priority decisions.

Similarly, proposals for village and city slum primary health concentration lose out to the more prestigious centralized hospitals where sophisticated surgery, dialysis, chemotherapy and similar specializations can service the urbanized elite whose numbers are few but whose political clout governs decision-making. Likewise, when pharmaceutical budgets are subjected to short-sighted pressures, basic immunization, nutrition improvement, family planning and vector control are apt to be slighted in favor of better advertised, more profitable and more appealing-to-the select antacids, tranquilizers and soothing soporifics.

Misguided political decisions are also apparent in the choices made by those wealthy industrialized societies who opt for the immediately profitable munitions expenditures over possible options for research and assistance to health and development among their own inner-city poor as well as for Third World communities, while hypocritically urging those burdened communities to employ measures of 'self help'. Reacting to the proposals of 'self help' for dealing with diseases whose elimination requires costly drugs and insecticides, sophisticated expertise, elaborate engineering skill, as well as advanced social discipline, Farid charges:

> When we expect poor people living in slums and villages to improve their lot by their own efforts, we are asking them to 'lift themselves by their own bootstraps' and forgetting that most of them are barefoot anyway [44, p. 20].

CONCLUSION

In a vital sense, mortality rates reflect only a part of the evolutionary interactions of human development and disease processes. The quality of the life available for those for whom selection permits survival seldom is reflected in the statistical records. The impact of strong international agencies such as the World Health Organization and the United Nations UNICEF, occasional enlightened and dedicated national agencies, as well as increasing trends toward egalitarian political change, have in recent years presented a possibility for lowered child mortality rates accompanied by decreased birth rates, and subsequent raising of the quality of life for humans of coming generations.

We live now in a time distinct from all human history that has preceded us, a time when humans possess the possibility of choosing whether to eliminate or retain many of the diseases that reduced life to a miserable existence while simultaneously shaping human evolution. Perhaps one of the fundamental instruments missing from most peoples' lives is the knowledge that such choices exist. Such awareness may be the most important function and the most promising augur of success for the present revolutionary goal of the World Health Organization."... the attainment by all people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life". The realization of this concept would indeed create a world in happy contrast with the one in which so much of the misery attendent on disease selection has dominated human existence.

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REFERENCES

1. Moodie R. L. *Paleopathology: An Introduction to the Study of Ancient Evidence of Disease*. University of Illinois Press, 1923.
2. Wells C. *Bones, Bodies and Disease: Evidence of Disease and Abnormality in Early Man*. Praeger, New York, 1964.

3. Wood C. S. *Human Sickness and Health: A Biocultural View*. Mayfield, Palo Alto, CA, 1979.
4. Williams C. D. and Jelliffe D. B. *Mother and Child: Delivering the Services*. Oxford University Press, London, 1972.
5. Clarke S. K. Early childhood morbidity trends in pre-historic populations. *Hum. Biol.* **52**, 79, 1980.
6. Rose J., Armelagos C. and Lallo J. Historical enamel indicator of childhood stress in pre-historic skeletal samples. *Am. J. phys. Anthrop.* **49**, 511, 1978.
7. Bennett K. On the estimation of some demographic characteristics on a prehistoric population from the Am. Southwest. *Am. J. phys. Anthrop.* **39**, 223, 1973.
8. Clarke S. Mortality trends in pre-historic populations. *Hum. Biol.* **49**, 181, 1977.
9. Hornabrook R. W., Crane G. G. and Stanhope J. M. KarKar and Lufa: An epidemiological and health background to human adaptability studies of the international biological programme. *R. Soc. Lond. phil. Trans. Ser. B. Biol. Sci.* **268**, 293, 1974.
10. Antrobus H. C. K. Child growth and related factors in a rural community in St. Vincent. *Envir. Child Hlth. Monogr. No. 18* 187, 1971.
11. McHale M. C., McHale J. and Streatfield G. F. World of children. *Popul. Bull.* **33**, 1, 1979.
12. Wood C. S. and Gans L. P. Aspects of child health in Western Samoa: a medical anthropological view. *J. trop. Paediat.* In press.
13. Jose D. G. and Welch J. S. Growth retardation, anaemia and infection, with malabsorption and infestation of the bowel: the syndrome of protein-calorie nutrition in Australian aboriginal children. *Med. J. Aust.* **1**, 349, 1970.
14. Schrimshaw N. S. Synergism of malnutrition and infection. Evidence from field studies in Guatemala. *JAMA* **212**, 1685, 1978.
15. Jelliffe D. B. The assessment of the nutritional status of the community. WHO, Geneva, 1966.
16. Rawson I. G. and Valverde V. The etiology of malnutrition among preschool children in rural Costa Rica. *Envir. Child Hlth J. trop. Paediat.* **22**, 12, 1976.
17. Eminians J., Amirhakimi G. H. and Mahloudji M. Health status of infants in a small village community near Shiraz, Iran. *Envir. Child Hlth* **18**, 11, 1972.
18. W.H.O. Technical Report Series No. 314. Nutrition and infection: report of a W.H.O. Expert Committee, Geneva, 1965.
19. Mortorell R., Yarbrough C., Lechtig A., Habicht J. and Klein R. B. Diarrheal disease and growth retardation in Prescott Guatemalan children. *Am. J. phys. Anthrop.* **43**, 341, 1976.
20. Acheson M. Effects of nutrition and disease on human growth. In *Human Growth* (Edited by Tanner J. M.), 73 pp. Pergamon Press, Oxford, 1960.
21. Condon-Paolini D., Cravioto J., Johnston F. E., de Licardie E. R. and Scholl T. O. Morbidity and growth of infants and younger children in a rural Mexican village. *Am. J. publ. Hlth* **67**, 651, 1977.
22. Mata L. J., Urrutia J. J. and Lechtig A. Infection and nutrition of children of a low socio-economic rural community. *Am. J. clin. Nutr.* **24**, 249, 1971.
23. Klein R. E., Habicht J. and Yerbrough C. Effects of protein-calorie malnutrition on mental development. In *Advances in Pediatrics* (Edited by Schulman I.), 75 pp. Yearbook Medical Publishers, New York, 1971.
24. Frisch R. E. Nutrition, fatness and flexibility: the effect of food intake on reproductive ability. In *Nutrition and Human Reproduction* (Edited by Mosely W. H.), 87 pp. Plenum Press, New York, 1977.
25. Chase H. P. The effects of intrauterine and postnatal undernutrition on normal brain development. *Ann. N.Y. Acad. Sci.* **205**, 231, 1971.
26. Birch H. G. Malnutrition, learning, and intelligence. *Am. J. publ. Hlth* **6**, 773, 1972.
27. Laga E. M., Driscoll S. G. and Munro H. N. Comparison of placentas from two socioeconomic groups: I. *Morphometry*, p. 71; and II. *Biochemical Characteristics*, p. 38, 1972.
28. Habicht J., Yarbrough C., Lechtig A. and Klein R. E. Relation of maternal supplementary feeding during pregnancy to body weight and other socio-biological factors. In *Nutrition and Fetal Development* (Edited by Winick M.), 127 pp. Wiley, New York, 1974.
29. Mata L. J., Urrutia J. J. and Garcia B. Effects of infection on food intake and the nutritional state: perspectives as viewed from the village. *Am. J. clin. Nutr.* **30**,1215, 1977.
30. Retal-Laurentin A. and Benoit D. Infant mortality and birth intervals. *Popul. Stud.* **30**, 279, 1976.
31. de Gonzales N. L. S. and Behar M. Childrearing practices, nutrition and health statistics. *Milbank Meml Fund Q.* **44**, 77, 1966.
32. Jansen A. A. J. Malnutrition and child feeding practices in Western Samoa. *Envir. Child Hlth. J. trop. Paediat.* **23**, 293, 1977.
33. Jelliffe D. B. The assessment of the nutritional status of the community. WHO, Geneva, 1966.
34. Schrimshaw S. Infant mortality and behavior in the regulation of family size. *Popul. Dev. Rev.* **4**, 383, 1978.
35. Bennet F. J., Jelliffe D. B., Jelliffe E. F. P. and Moffat M. The nutrition and disease pattern of children in a refugee settlement. *E. Afr. med. J.* **45**, 229, 1968.
36. Chondra R. K. Nutritional deficiency and susceptibility to infection. *WHO Bull.* **57**, 167, 1979.
37. Nelson W. E., Vaughan V. C. III and McKay R. J. (Eds) *Textbook of Pediatrics*, 9th edition. Saunders, Philadelphia, 1969.
38. Minkowski A., Roux J. and Tourdet-Caridroit C. Parapysiologic changes in intrauterine malnutrition In *Nutrition and Fetal Development* (Edited by Winick M.), p. 45. Wiley, New York, 1974.
39. Metcoff J. Biochemical markers of intrauterine malnutrition. In *Nutrition and Fetal Development* (Edited by Winick M.). Wiley, New York, 1974.
40. Hornabrook R. W. Human adaptability in Papua, New Guinea. In *Population Structure and Human Variation. International Biological Programme* (Edited by Harrison G. A.), 285 pp. Cambridge University Press, Cambridge, 1977.
41. Kanawati A. A. and McLauren D. S. Failure to thrive in Lebanon. II. An investigation of the causes. *Acta paediat. Scand.* **62**, 571, 1973.
42. Allison M. J., Mendoza D. and Pezzia A. A radiographic approach to childhood illness in pre-Columbrian inhabitants of Southern Peru. *Am. J. phys. Anthrop.* **40**, 409, 1974.
43. Cravioto J., Birch H. G., de Licardie E., Rosales L. and Vega L. The ecology of growth and development in a Mexican preindustrial community. Report I. Methods and findings from birth to one month of age. *Monograph of the Society for Research in Child Development*. Serial No. 129, Vol. 34, No. 2, 1969.
44. Farid A. The malaria programme from euphoria to anarchy. *Wld Hlth Forum.* **1**, 8, 1980.

PREPARED STATEMENT OF R. R. MILLER, BURLINGAME, CALIF.

PART I.—LEGISLATION RECOMMENDED

1. Whomever is receiving child support shall be required to provide the paying party a detailed record of where the money is expended every 3 months and that the person receiving the money be required to send to the paying party receipts encompassing at least 75 percent of the expenditures.

2. Said receipts would show:

A. Name of business a purchase was made.
B. Address—City/State.
C. Date of purchase.
D. Amount of purchase.
E. What was purchased.

What it is for:

1. Clothes,
2. Transportation,
3. Toys,
4. Entertainment,
5. Camping trips/vacations,
6. Church activities,
7. Restaurants/eating out,
8. Medical and dental,
9. Household supplies, and
10. Miscellaneous.

Why should any person have to pay child support, medical bills, insurance premiums etc., if that person can't: 1. Communicate with the children. 2. Have visitation rights with the children.

Many people are not anxious to send money weekly to someone who might be spending it on liquor, cigarettes, drugs and other foolishness—neglecting the children's needs. This does happen.

In the event of any disputes, they would be settled outside the court thru mediation and arbitration services with unbiased 3rd parties.

The spiritual and emotional costs of unresolved conflict is too high to let things ride, wondering--where the money goes, and if the children are being properly taken care of.

The above would provide a direct line of communication between both parents and the children which is needed so bad.

PART II.—LEGISLATION RECOMMENDED

1. Get the divorce cases out of the Criminal Justice System, and restrict the extensive use of silly restraining orders that prohibit proper communication between family members so children will not be insecure, confused and suffer.

Too often, unfair restraining orders prohibit necessary communication between adults and children. Such orders:

A. Promote hate in the courtroom;
B. Prohibit proper communication to solve problems;
C. Do not allow children to express their views; and
D. Intentionally break up families to keep social workers, psychologists and other bureaucrats employed with a lot of paperwork, etc.

There are a lot of community problems that should not go to court, but be put before a neighborhood commission or arbitration/mediation panel to solve so people will not have to spend money they can't afford for expensive attorneys.

Disputes over trees, fences, parking, barking dogs, etc., are among those that don't belong in court. Neither do family disputes belong in court.

I recommend neighborhood conference commissions arbitration of mediation panels be set up similar to the planning commission where people are appointed to serve for several years at a time who can best decide what's best for the local community.

Give both parents a chance to be heard and let questions be asked and then decide what's best for the area and the children. Even neighbors, and by all means let the children enter into the discussion. Perhaps prayer before and after the meeting might help.

In California, both parents can be asked to attend a mediation conciliation conference, but if one parent refuses to go, nothing is accomplished. It should be mandatory both attend before any divorce action is allowed. Children should be there to participate.

The present courts are failing the public . . . expensive to run, a burden on taxpayers and many operate for the convenience of the judges and attorneys, who resist change, to protect one anothers' profession. Cases can drag on for month after month and drain your bank accounts dry.

Money parents saved for the children's future education etc., often goes down the drain because of legal greed.

Solve the divorce court problems and you will solve many of the problems children are having today. Open up the lines of communication not restrict them with silly, outmoded restraining orders making children 3rd class citizens.

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